

Name  
in  
Full

Thos Abramson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

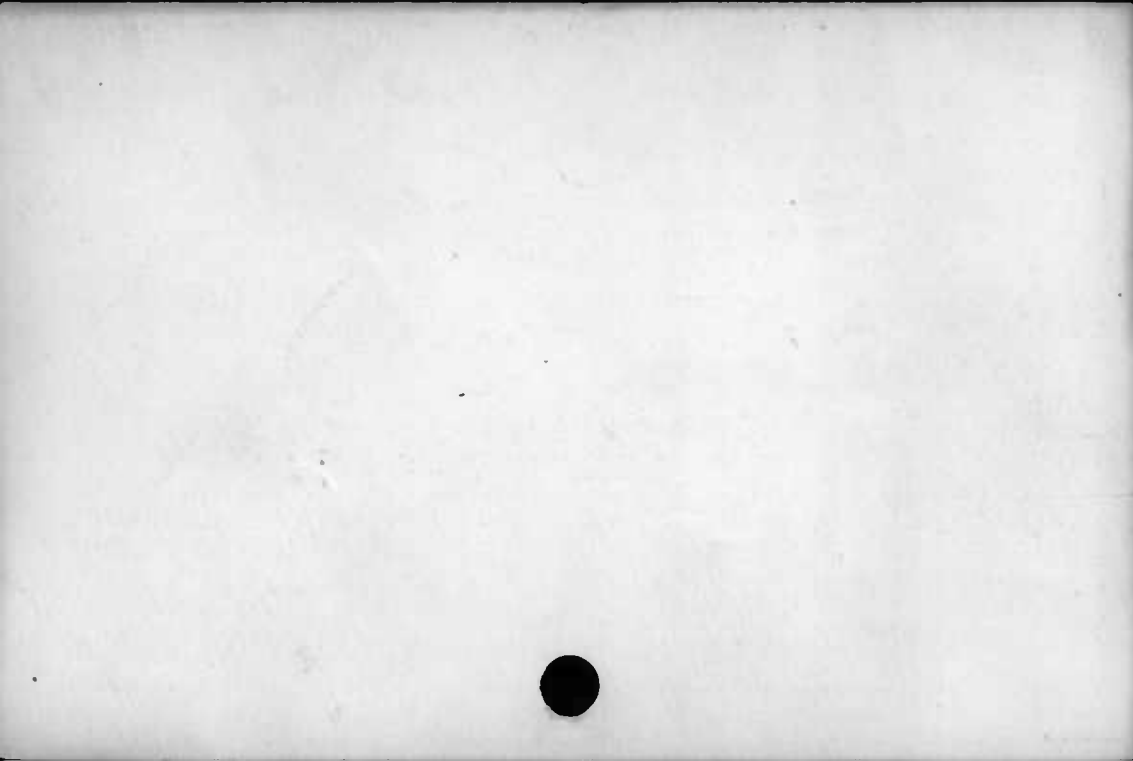
|  |   |                                   |                         |               |   |
|--|---|-----------------------------------|-------------------------|---------------|---|
| Died at <b>Frostburg</b> <sup>Town</sup>         |   | <b>Allegany</b> <sup>County</sup> |                         | MARYLAND      |   |
| Date of death                                    | <b>1908</b>   | Month <b>5</b>                    | Day <b>23</b>           | Age <b>21</b> | Years <b>21</b> Months <b></b> Days <b></b> |
| Sex <b>Female</b>                                | Color or Race <b>White</b>                          |                                   | Birth-place <b>U.S.</b> |               |   |
| Occupation <b>H.W.</b>                           | Where Residing if not at place of death <b>Home</b> |                                   |                         |               |   |
| Married, Single or Widowed <b>Married</b>        | Name of Wife or Husband <b>Julius Abramson</b>      |                                   |                         |               |   |
| Father's Name <b>Joseph Weinberg</b>             | Father's Birthplace <b>Russia</b>                   |                                   |                         |               |   |
| Mother's Maiden Name <b>Unobtainable</b>         | Mother's Birthplace <b>Russia</b>                   |                                   |                         |               |   |
| Name of person giving information <b>Husband</b> | How related to deceased <b>Husband</b>              |                                   |                         |               |   |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <b>Acute dilatation heart</b>   | How long <b>Sustant</b>                          |
| Immediate <b>cardiac failure</b>  | How long <b>Sustant</b>                          |
| Are the name, age, sex, color, date and place correctly given above? <b>yes</b> | Signature of Physician <b>Thomas H. H. H. H.</b> |
|   | Address <b>Frostburg, Md.</b>                    |
| Accident or Suicide?  |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                        |                         |               |   |                |                         |               |
|-----------------------------------|------------------------|-------------------------|---------------|---|----------------|-------------------------|---------------|
| Died at <i>Seelmer Anthony</i>    |                        | County <i>Allegheny</i> |               | MARYLAND                                |                |                         |               |
| Date of death                     | 1908                   | Month <i>5</i>          | Day <i>2</i>  | Age <i>2</i>                            | Years <i>3</i> | Months                  | Days          |
| Sex                               | <i>Male</i>            |                         | Color or Race | <i>White</i>                            |                | Birth-place             | <i>U. S.</i>  |
| Occupation                        | <i></i>                |                         |               | Where Residing if not at place of death |                |                         | <i></i>       |
| Married, Single or Widowed        | <i></i>                |                         |               | Name of Wife or Husband                 |                |                         | <i></i>       |
| Father's Name                     | <i>John J. Anthony</i> |                         |               |   |                | Father's Birthplace     | <i>U. S.</i>  |
| Mother's Maiden Name              | <i>Mollie Allen</i>    |                         |               |   |                | Mother's Birthplace     | <i>U. S.</i>  |
| Name of person giving information | <i>J. J. Anthony</i>   |                         |               |   |                | How related to deceased | <i>father</i> |

## CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

|  |                                     |                        |                      |
|--|-------------------------------------|------------------------|----------------------|
| Primary  | <i>Diffuse capillary Bronchitis</i> | How long               | <i>3 weeks</i>       |
| Immediate  | <i>Asthma</i>                       | How long               | <i>36 hours</i>      |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>                          | Signature of Physician | <i>J. J. Anthony</i> |
|  |                                     | Address                | <i>Frostburg Md.</i> |
| Accident or Suicide?   |                                     |                        |                      |



| Name in Full   |  | CERTIFICATE OF DEATH                    |           |                                       |        |
|--|--|---|-----------|---------------------------------------|--------|
| Hazel Apples   |  | TOWN Cumberland County MARYLAND         |           |                                       |        |
| Died at  |  | alleg.                                  |           |                                       |        |
| Date of death  |  | 1908                                    | Month May | Day 2                                 | Age 2  |
| Sex Female   |  | Color or Race White.                    |           | Months 4                              | Days — |
| Occupation None  |  | Where Residing if not at place of death |           | Md.                                   |        |
| Married, Single or Widowed Single                                    |  | Name of Wife or Husband None            |           |                                       |        |
| Father's Name Jacob Apples   |  | Father's Birthplace Ohio                |           |                                       |        |
| Mother's Maiden Name Ada Buckleman                                   |  | Mother's Birthplace W. Va.              |           |                                       |        |
| Name of person giving information Jacob Apples                       |  | How related to deceased Father.         |           |                                       |        |
| ✓  |  | CAUSES OF DEATH                         |           | 167                                   |        |
| Primary  |  | Scald to Body                           |           | How long 24 hours                     |        |
| Immediate  |  | Convulsions                             |           | How long 1 hour                       |        |
| Are the name, age, sex, color, date and place correctly given above? |  | Yes                                     |           | Signature of Physician F. A. Barkdole |        |
| Stamps   |  | Address                                 |           | So Cumberland Md                      |        |
| Accident or Suicide?   |  | Laird are                               |           |                                       |        |

Martin,burg H. see  
morgan co.

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Name *Ms. Elizabeth Atkinson*  
 Town *Lonsanning* County *Allegany*  
 Died at  
 Date of death *1908* Month *May* Day *15* Age *86* Years Months Days  
 Sex *Female* Color or Race *White* Birth-place *Scotland*  
 Occupation *None* Where Residing if not at place of death  
 Married, Single or Widowed *Widowed* Name of ~~W~~ Husband *Hugh Atkinson (deceased)*  
 Father's Name *Henry Coulter* Father's Birthplace *Scotland*  
 Mother's Maiden Name *Elizabeth Richmond* Mother's Birthplace *Scotland*  
 Name of person giving information *Henry Atkinson* How related to deceased *Son*

## CAUSES OF DEATH

120

Primary *Finite debility & Nephritis* How long *Some months*  
 Immediate *Anusurea* How long *One week*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

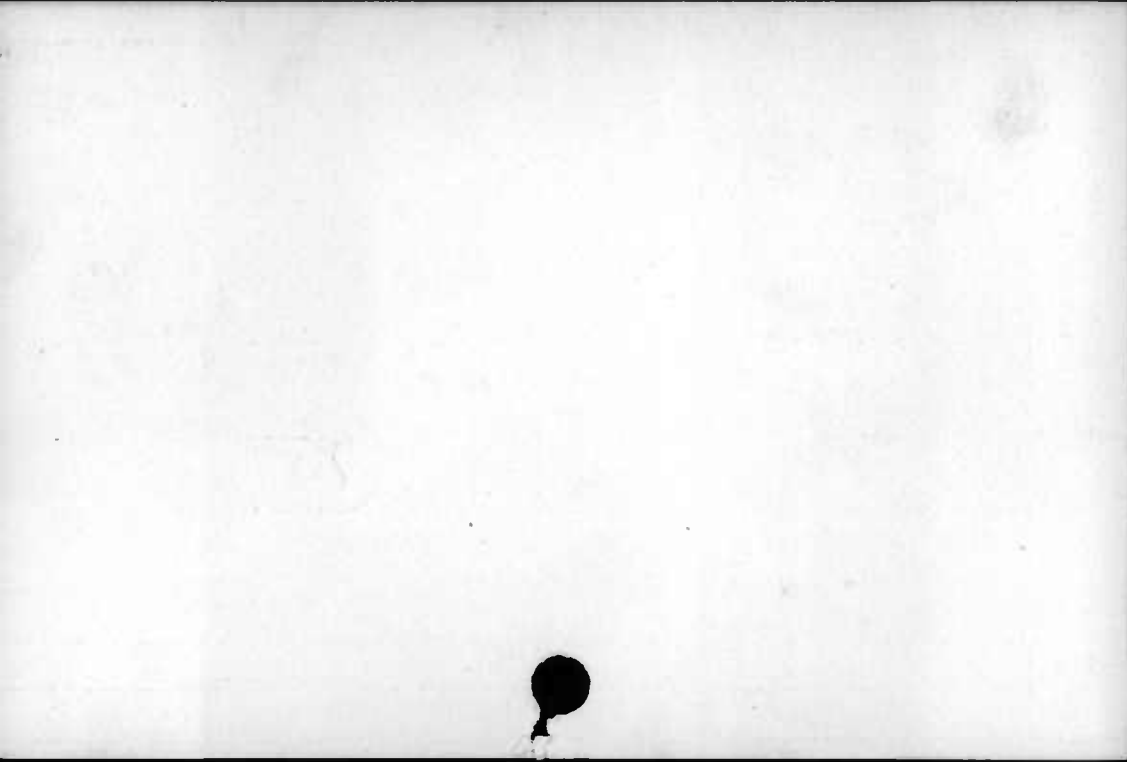
Signature of Physician

Address

*W. B. Skilling*  
*Lonsanning*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Dellia Bailey

## CERTIFICATE OF DEATH

Died at *Cumberland* TownCounty *Allegany*

MARYLAND

Date  
of death *1908*Month  
*May*Day  
*6*Age  
Years *30*Months  
*—*Days  
*—*Sex *Female*Color or  
Race *White*Birth-  
place *W. Va.*Occupation  
*house keeper*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Married*Name of wife or  
Husband *Thomson Bailey*Father's  
Name *Silas Tzer.*Father's  
Birthplace *W. Va.*Mother's  
Maiden Name *Linda Foltz*Mother's  
Birthplace *W. Va.*Name of person giving  
In formation *J P Miller*How related  
to deceased *Uncle.*

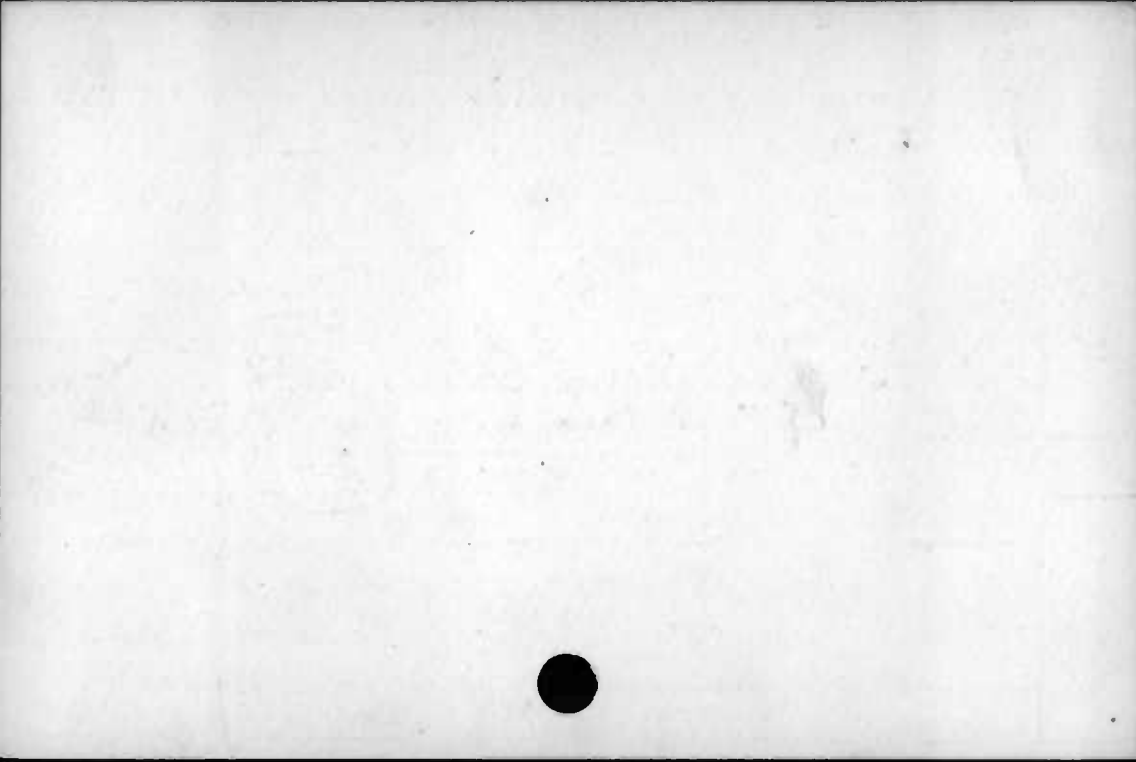
## CAUSES OF DEATH

104

Primary *Gastritis*How long  
*5 days*Immediate *Exhaustion*How long  
*24 hours*Are the name, age, sex, color, date  
and place correctly given above? *yes.*Signature of  
Physician *Ed. H. Brace**Stein.*Address  
*Cumbers Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Elroy Blonskey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                 |  |  |                                |                              |
|--|---------------------------------|--|--|--------------------------------|------------------------------|
| Died at <u>Trumbull</u> <small>Town</small>            |                                 | <u>Allegheny</u> <small>County</small> |  | MARYLAND                       |                              |
| Date of death <u>1908</u>                              | <u>May</u> <small>Month</small> | <u>18</u> <small>Day</small>           | Age <u>—</u> <small>Years</small>                | <u>—</u> <small>Months</small> | <u>3</u> <small>Days</small> |
| Sex <u>Male</u>  | Color or Race <u>White</u>      |  | Birth-place <u>Trumbull</u>                      |                                |                              |
| Occupation <u>none</u>                                 |                                 |  | Where Residing if not at place of death <u>—</u> |                                |                              |
| Married, Single or Widowed <u>—</u>                    |                                 |  | Name of Wife or Husband <u>—</u>                 |                                |                              |
| Father's Name <u>John Blonskey</u>                     |                                 |  | Father's Birthplace <u>Germany</u>               |                                |                              |
| Mother's Maiden Name <u>Bertha Backhouse</u>           |                                 |  | Mother's Birthplace <u>Trumbull</u>              |                                |                              |
| Name of person giving information <u>John Blonskey</u> |                                 |  | How related to deceased <u>Father</u>            |                                |                              |

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Typhoid</u>  | How long <u>all its life</u>              |
| Immediate <u>Exhaustion</u>   | How long <u>—</u>                         |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>[Signature]</u> |
| <u>Stetter</u>  | Address <u>[Address]</u>                  |
| Accident or Suicide? <u>—</u>   | <u>[Signature]</u>                        |

75 rally. Si

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cum* Town *all* CountyDate of death 1908 *May* Month *14* Day Age *14* Years Months DaysSex *Male* Color or Race *White* Birth-place *Ind*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Hughy J Brown* Father's Birthplace *Ind*Mother's Maiden Name *Mrs E. Cunningham* Mother's Birthplace *Ind*Name of person giving In formation *Hughy Brown* How related to deceased *Father*

## CAUSES OF DEATH

36

Primary *Synpulis* How long *15 days*Immediate *Exhaustion* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Stir*Accident or Suicide? *no**C. L. Owens M.D.*  
*Cumberland Ind*  
*Owens*



Name  
in  
Full

Gertrude Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

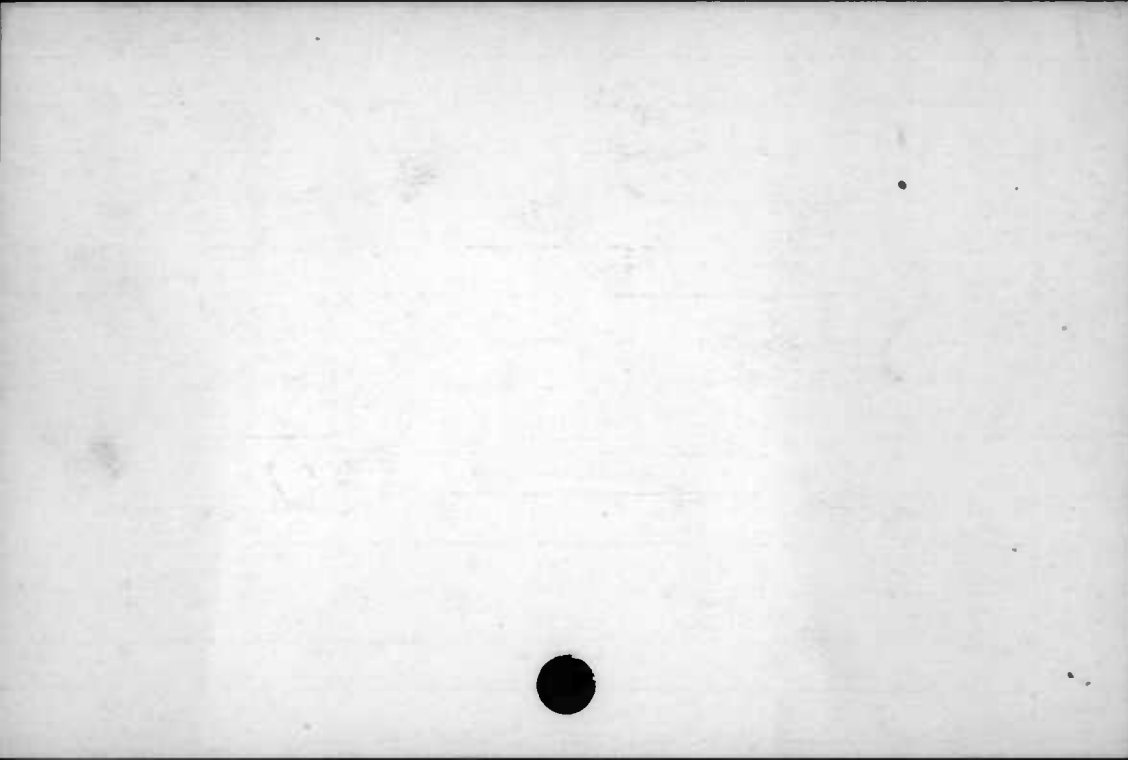
|   |  |                                       |  |                                |                               |
|---|--|---------------------------------------|--|--------------------------------|-------------------------------|
| Died at <b>Eckhart Mines</b> <small>Town</small>    |  | <b>Allegany</b> <small>County</small> |  | <b>MARYLAND</b>                |                               |
| Date of death <b>1908</b>                           | <b>May</b> <small>Month</small>                        | <b>21</b> <small>Day</small>          | <b>52</b> <small>Years</small>                               | <b>1</b> <small>Months</small> | <b>17</b> <small>Days</small> |
| Sex <b>Female</b>                                   | Color or Race <b>White</b>                             |                                       | Birth-place <b>Marlboro Va</b>                               |                                |                               |
| Occupation <b>Housewife</b>                         |  |                                       | Where Residing If not at place of death <b>Eckhart Mines</b> |                                |                               |
| Married, <del>Single</del><br><del>or Widowed</del> | Name of Wife or Husband <b>Charles Bennett</b>         |                                       |  |                                |                               |
| Father's Name <b>Joseph Mountz</b>                  | Father's Birthplace <b>Wash D.C.</b>                   |                                       | Mother's Birthplace <b>Fredricks Co</b>                      |                                |                               |
| Mother's Maiden Name <b>Rebecca George</b>          | Name of person giving information <b>Vivian Parker</b> |                                       | How related to deceased <b>Daughter</b>                      |                                |                               |

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <b>Rheumatism</b>  | How long <b>4 wks</b>                          |
| Immediate <b>Central Apoplexy</b>  | How long <b>4 hours</b>                        |
| Are the name, age, sex, color, date and place correctly given above?<br><b>Yes</b> | Signature of Physician <b>J. L. Holdsworth</b> |
|  | Address <b>Eckhart Mines Md</b>                |
| Accident or Suicide?   |  |





Name  
in  
Full

(Stillborn)

Campbell

## CERTIFICATE OF DEATH

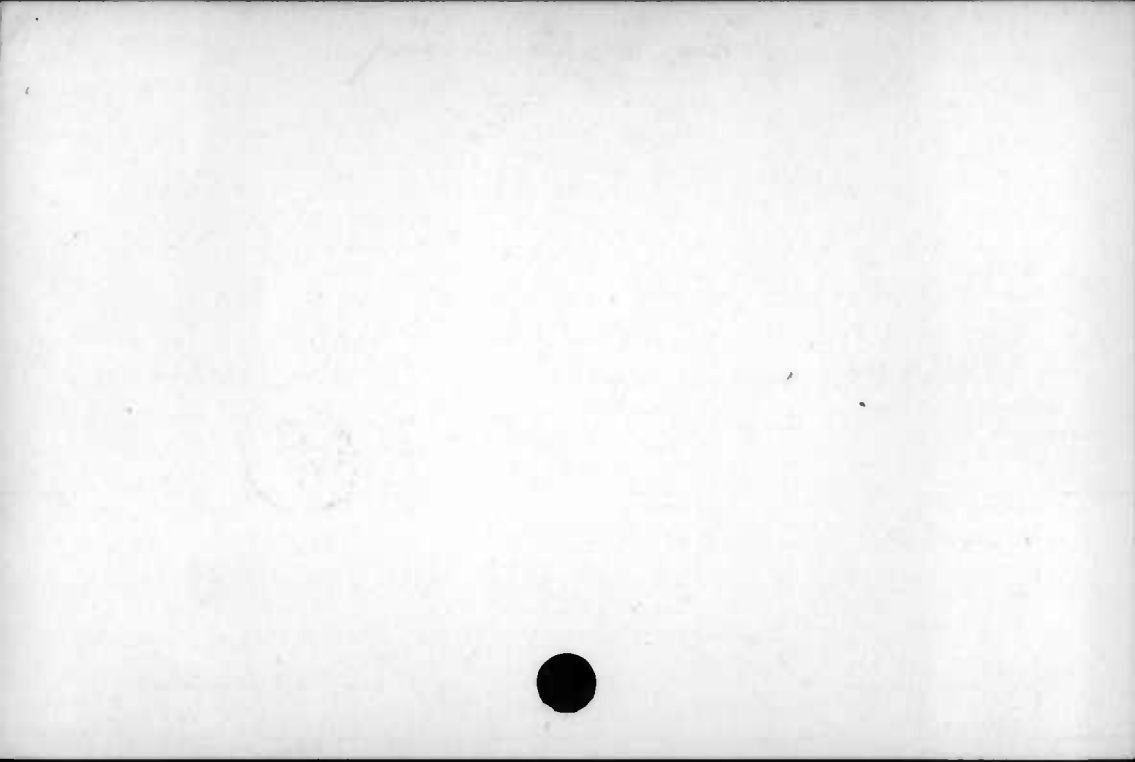
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                       |                                   |       |                         |        |
|--|---------------------------------------|-----------------------------------|-------|-------------------------|--------|
| Died at <u>Cumtburus</u> <sup>Town</sup> |                                       | <u>Campbell</u> <sup>County</sup> |       | MARYLAND                |        |
| Date of death                            | 1908                                  | Month                             | May   | Day                     | 29     |
| Sex                                      | male                                  | Color or Race                     | White | Birth-place             | Mo     |
| Occupation                               | Stillborn about 6" month of Pregnancy |                                   |       |                         |        |
| Married, Single or Widowed               | Name of Wife or Husband               |                                   |       |                         |        |
| Father's Name                            | Ralph W Campbell                      |                                   |       | Father's Birthplace     | Pa     |
| Mother's Maiden Name                     | Mamie P Campbell                      |                                   |       | Mother's Birthplace     | Pa     |
| Name of person giving information        | Mamie P Campbell                      |                                   |       | How related to deceased | Mother |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                       |                        |                |
|--|---------------------------------------|------------------------|----------------|
| Primary  | Stillborn about 6" month of Pregnancy | How long               |                |
| Immediate  | unknown                               | How long               |                |
| Are the name, age, sex, color, date and place correctly given above? | yes                                   | Signature of Physician | E. L. Broadus  |
|  |                                       | Address                | Cumtburus, Mo. |
| Accident or Suicide?   | No                                    |                        |                |



# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |                         |     |   |       |          |      |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at                           |  | Town                    |     | County                                  |       | MARYLAND |      |
| Date                              |  | Month                   | Day | Age                                     | Years | Months   | Days |
| 1908                              |  | may                     | 30  | -                                       | -     | -        | 6    |
| Sex                               |  | Color or Race           |     | Birth-place                             |       |          |      |
| Female                            |  | White                   |     | Crunkd                                  |       |          |      |
| Occupation                        |  |                         |     | Where Residing if not at place of death |       |          |      |
| none                              |  |                         |     | -                                       |       |          |      |
| Married, Single or Widowed        |  | Name of Wife or Husband |     |   |       |          |      |
| single                            |  | -                       |     |   |       |          |      |
| Father's Name                     |  | Father's Birthplace     |     |   |       |          |      |
| Thomas E. Barney                  |  | Crunkd                  |     |   |       |          |      |
| Mother's Maiden Name              |  | Mother's Birthplace     |     |   |       |          |      |
| Mary Newman                       |  | Crunkd                  |     |   |       |          |      |
| Name of person giving information |  | How related to deceased |     |   |       |          |      |
| Thomas E. Barney                  |  | Father                  |     |   |       |          |      |

### CAUSES OF DEATH-

176

PHYSICIAN  
OR CORONER

Primary *For cash delivery*  
Immediate *Signature & Spelling*

How long

How long

Are the name, age, sex, color, date  
and place correctly given above?

~~Signature of Physician~~

Address

5

## Accident or Suicide?

Hancock and

Buck Valley, Pa.

Name  
in  
Full

CERTIFICATE OF DEATH

infant - S. W. Blanson

Town

County

MARYLAND

Died at

Elkridge

Calverton

Date

Month

Day

Years

Months

Days

of death 1908

May

24

Age

—

—

1

Sex

Male

Color or  
Race

White

Birth-  
place

Crutched

Occupation

none

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

George W. Blanson

Father's  
Birthplace

near Crutched

Mother's  
Maiden Name

Mary E. Long

Mother's  
Birthplace

"

"

Name of person giving  
information

George W. Blanson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Stillborn

How long

—

Immediate

Are the name, age, sex, color, date  
and placenta correctly given above?

yes

Signature of  
Physician

Address

Carl Smith

Elkridge

Crutched

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

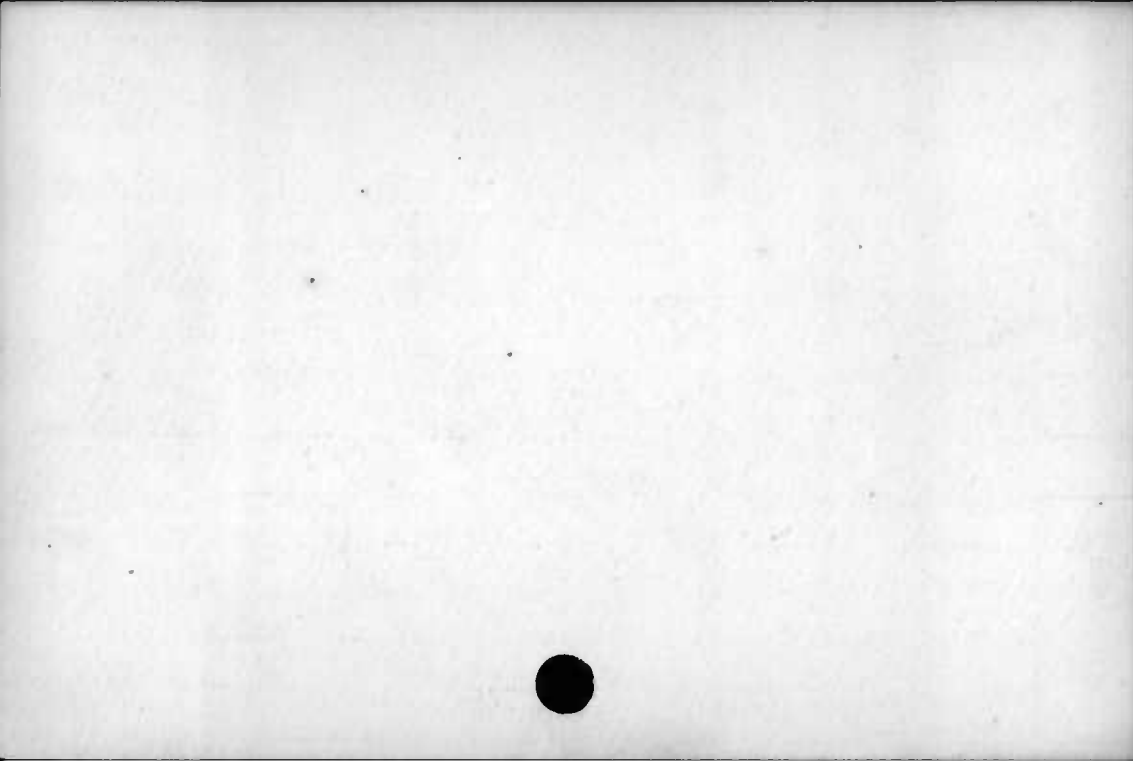
|   |   |                                 |               |          |        |
|---|---|---------------------------------|---------------|----------|--------|
| Died at <i>North Branch</i>                               |   | County <i>Allegheny</i>         |               | MARYLAND |        |
| Date of death <i>1908</i>                                 | Month <i>May</i>                              | Day <i>8</i>                    | Age <i>76</i> | Years    | Months |
| Sex <i>Male</i>   | Color or Race <i>White</i>                    | Birth-place <i>Sligo Island</i> |               |          |        |
| Occupation <i>Farmer</i>                                  | Where Residing if not at place of death       |                                 |               |          |        |
| Married, Single or Widowed <i>Married</i>                 | Name of Wife or Husband <i>Mary E Coleman</i> |                                 |               |          |        |
| Father's Name <i>Patrick Coleman</i>                      | Father's Birthplace <i>Ireland</i>            |                                 |               |          |        |
| Mother's Maiden Name <i>Do not know</i>                   | Mother's Birthplace <i>Ireland</i>            |                                 |               |          |        |
| Name of person giving information <i>Mrs Mary Coleman</i> | How related to deceased <i>Wife</i>           |                                 |               |          |        |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Senility</i>   | How long <i>1 yr</i>                         |
| Immediate <i>Ischemic</i>   | How long <i>2 mrs</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>A. D. Franklin</i> |
| <i>Shen</i>   | Address <i>Cumberland</i>                    |
| Accident or Suicide?  | <i>Franklin Md</i>                           |





Name  
in  
Full

Mrs Estlin C.

Tenn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

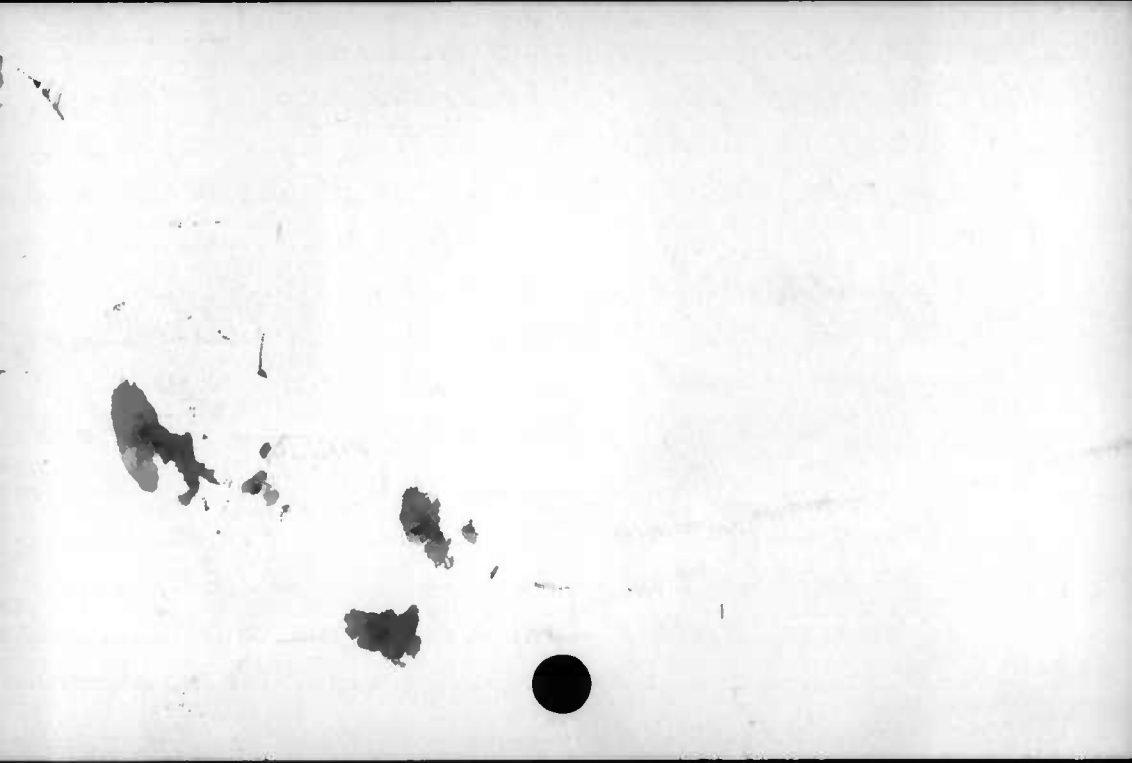
|  |                            |                             |                         |  |                 |                |  |
|--|----------------------------|-----------------------------|-------------------------|--|-----------------|----------------|--|
| Died at <i>Old Town</i>                              |                            | Town <i>Allegany</i>        |                         | County                                 |                 | MARYLAND       |  |
| Date of death 1908                                   | Month <i>My.</i>           | Day <i>29th</i>             | Age <i>32</i>           | Years                                  | Months <i>6</i> | Days <i>15</i> |  |
| Sex <i>Female</i>                                    | Color or Race <i>White</i> |                             | Birth-place <i>Ind.</i> |  |                 |                |  |
| Married, Single or Widowed <i>Married</i>            |                            | Occupation <i>Housewife</i> |                         |  |                 |                |  |
| Name of Wife or Husband <i>John W. Gome</i>          |                            |                             |                         |  |                 |                |  |
| Father's Name <i>Jackson Rexroad</i>                 |                            |                             |                         | Father's Birthplace <i>W Va</i>        |                 |                |  |
| Mother's Maiden Name <i>Wynne Rexroad</i>            |                            |                             |                         | Mother's Birthplace <i>W Va</i>        |                 |                |  |
| Name of person giving information <i>John W Gome</i> |                            |                             |                         | How related to deceased <i>Husband</i> |                 |                |  |

## CAUSES OF DEATH

85

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Apoplexy -</i>   | How long <i>About 4 hours</i>                  |
| Immediate <i>Heart failure</i>  | How long <i>—</i>                              |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W L S O Barbaugh</i> |
|   | Address <i>Old Town Ind</i>                    |
| Accident or Suicide? <i>Accident -</i>  |  |



Name  
in  
Full

Emma Virginia Conrad

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Midlothian <sup>County</sup> Alleghany

MARYLAND

Date of death 1908 Month 5 Day 24 Age 35 Months Days 29

Sex Female Color or Race White Birth-place Frostburg

Occupation House Wife Where Residing if not at place of death Midlothian

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Charles W. Conrad Father's Birthplace Alleghany Co.

Mother's Maiden Name Margraet Smith Mother's Birthplace Blooming

Name of person giving Information James M. Conrad How related to deceased Brother

## CAUSES OF DEATH

64

Primary Congestion of Brain How long 3 days

Immediate Distention &amp; Paralysis of Heart How long 10 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. H. L. Chymes

Address Midlothian

Accident or Suicide?

M. J.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Hafer.

Allg. Bern.

Name  
in  
Full

Elmer Ellsworth Corey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                 |  |  |                                |                              |
|--|---------------------------------|--|--|--------------------------------|------------------------------|
| Died at <u>Cumberland</u> <small>Town</small>        |                                 | <u>Allegheny</u> <small>County</small> |  | MARYLAND                       |                              |
| Date of death <u>1908</u>                            | <u>May</u> <small>Month</small> | <u>10</u> <small>Day</small>           | Age <u>3</u> <small>Years</small>                  | <u>5</u> <small>Months</small> | <u>3</u> <small>Days</small> |
| Sex <u>male</u>                                      | Color or Race <u>white</u>      |  | Birth-place <u>Cumberland Md</u>                   |                                |                              |
| Occupation <u>---</u>                                |                                 |  | Where Residing if not at place of death <u>---</u> |                                |                              |
| Married, Single or Widowed <u>---</u>                |                                 |  | Name of Wife or Husband <u>---</u>                 |                                |                              |
| Father's Name <u>Frank Corey</u>                     |                                 |  | Father's Birthplace <u>New York</u>                |                                |                              |
| Mother's Maiden Name <u>Laura Kerns</u>              |                                 |  | Mother's Birthplace <u>W Va</u>                    |                                |                              |
| Name of person giving information <u>Laura Corey</u> |                                 |  | How related to deceased <u>mother</u>              |                                |                              |

## CAUSES OF DEATH

How long

Primary

measles & Bronchial pneumonia5 days

Immediate

Exhaustion

How long

one day

Are the name, age, sex, color, date and place correctly given above?

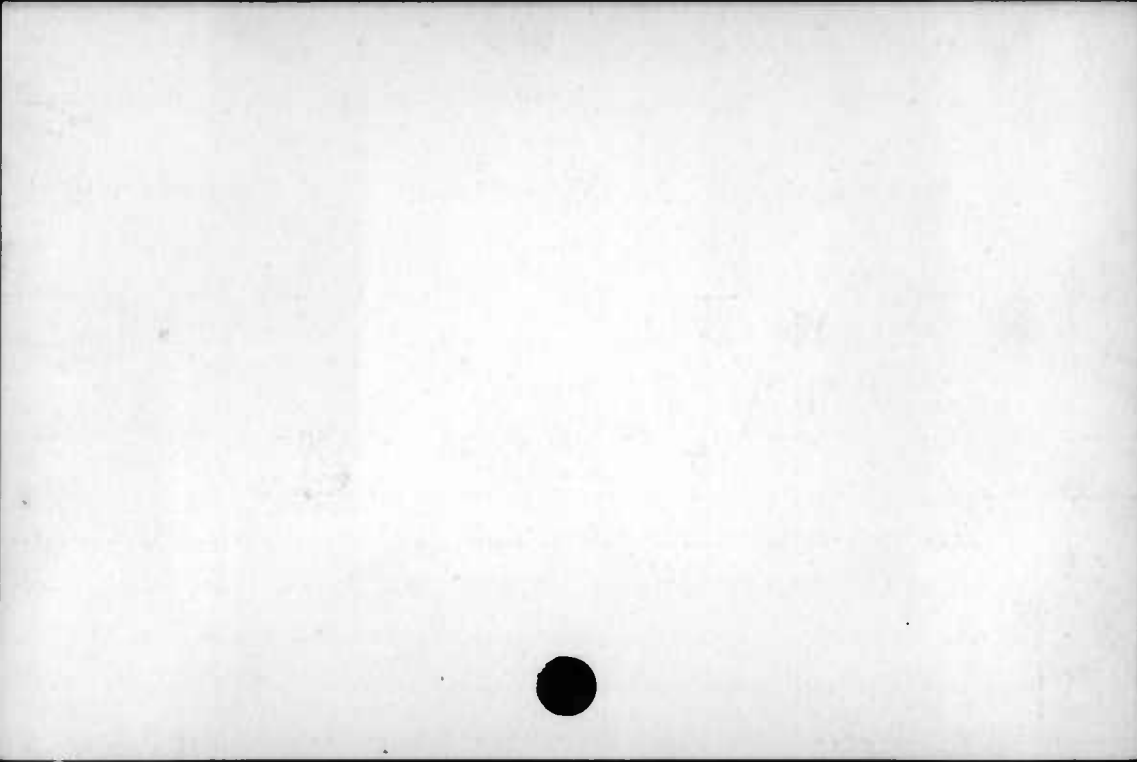
yes

Signature of Physician

Address

C. F. OwensCumberland Md

Accident or Suicide?



Name  
in  
Full

Infant Cosgrove

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

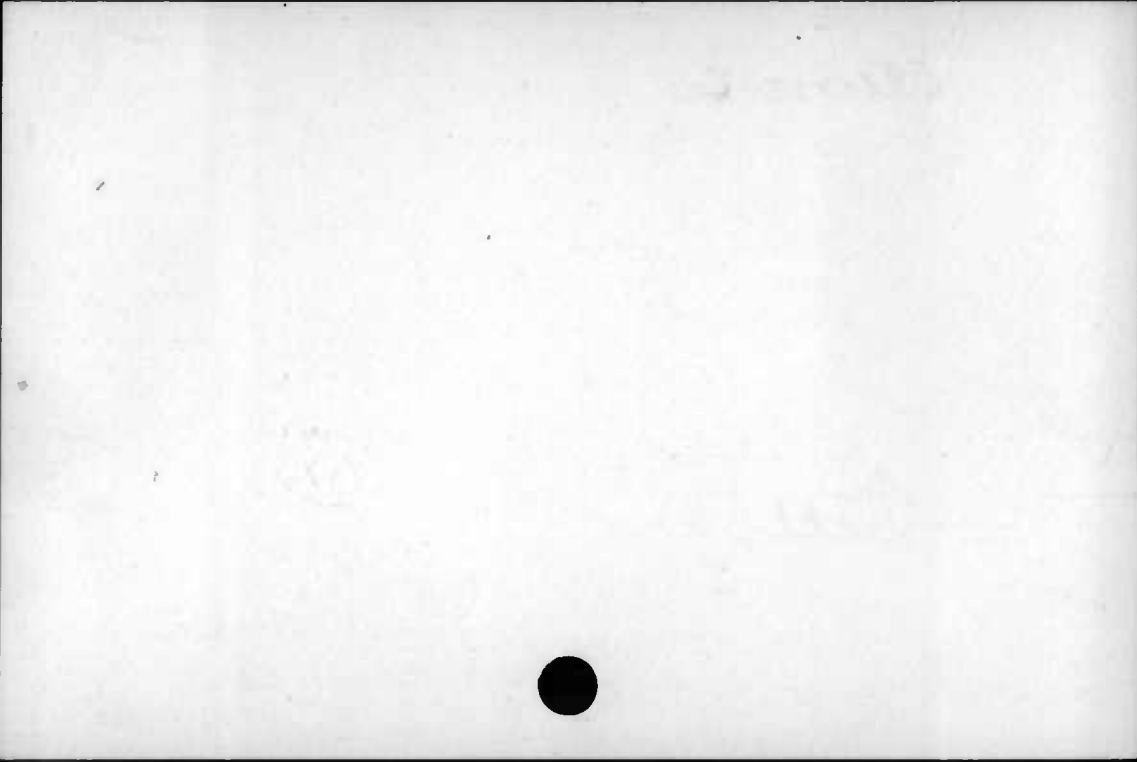
|   |                            |                                    |   |                |                 |
|---|----------------------------|------------------------------------|---|----------------|-----------------|
| Died at <i>Frostburg</i> <sup>Town</sup>                |                            | <i>Allegheny</i> <sup>County</sup> |   | MARYLAND       |                 |
| Date of death <i>1908</i>                               | Month <i>5</i>             | Day <i>22</i>                      | Age   | Years <i>2</i> | Months <i>2</i> |
| Sex <i>Female</i>                                       | Color or Race <i>White</i> | Birth-place <i>Frostburg</i>       |   |                |                 |
| Occupation <i>—</i>                                     |                            |                                    | Where Residing if not at place of death     |                |                 |
| Married, Single or Widowed <i>Single</i>                |                            | Name of Wife or Husband <i>—</i>   |   |                |                 |
| Father's Name   |                            |                                    | Father's Birthplace                         |                |                 |
| Mother's Maiden Name <i>Kate Cosgrove</i>               |                            |                                    | Mother's Birthplace <i>W. D.</i>            |                |                 |
| Name of person giving information <i>Thos. Cosgrove</i> |                            |                                    | How related to deceased <i>grand father</i> |                |                 |

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Inanition</i>   | How long <i>2 wks</i>                    |
| Immediate <i>exhaustion</i>  | How long                                 |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. McBride</i> |
|  | Address                                  |
| Accident or Suicide?   |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Columbia

Town

County

MARYLAND

Date

of death 1908

Month

May

Day

3

Age

Years

-

Months

-

Days

5

Sex

Female

Color or  
Race

White

Birth-  
place

Columbia

Occupation

none

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

William Cabbage.

Father's  
Birthplace

Keyser W. Va

Mother's  
Maiden Name

Anna Preston

Mother's  
Birthplace

Frostburg Md

Name of person giving  
In formation

William Cabbage

How related  
to deceased

Father

## CAUSES OF DEATH

151

Primary

Premature Birth 7<sup>th</sup> Month

How long

Immediate

4 hours

How long

Five days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

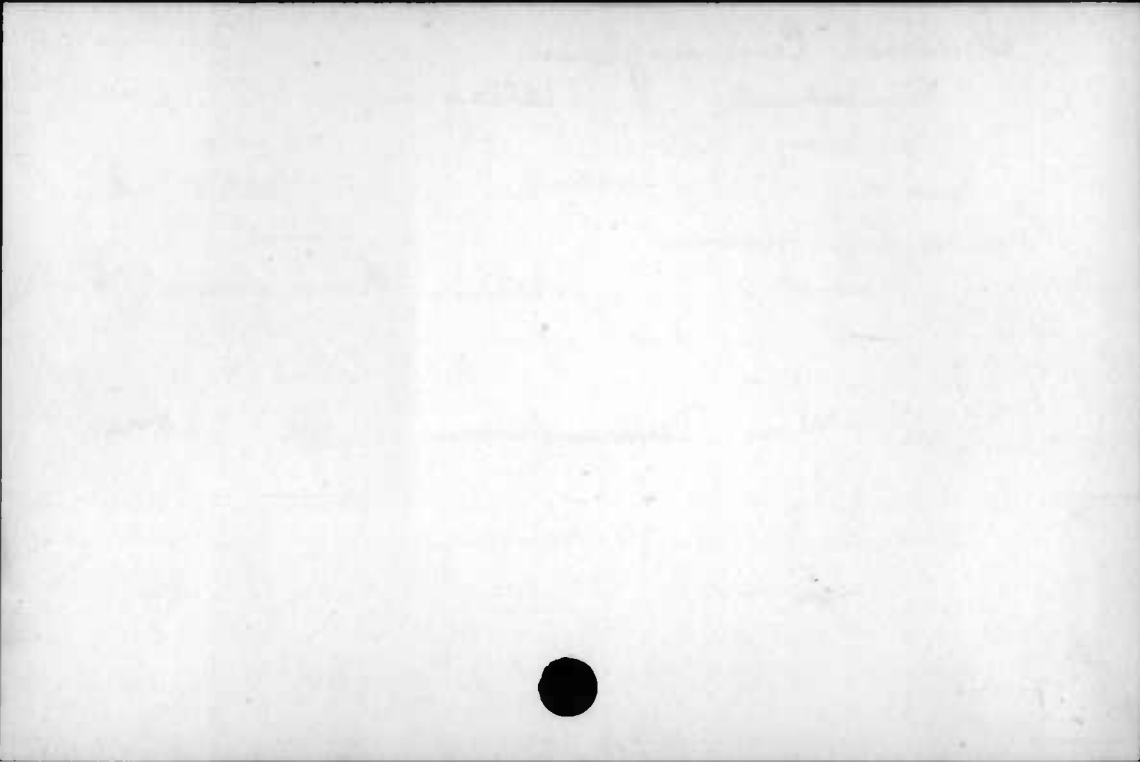
Signature of  
Physician

J. N. Johnson

Address

Cumberland Md.  
Foghts

Accident or Suicide?



Name  
in  
Full

Daniel Cunningham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

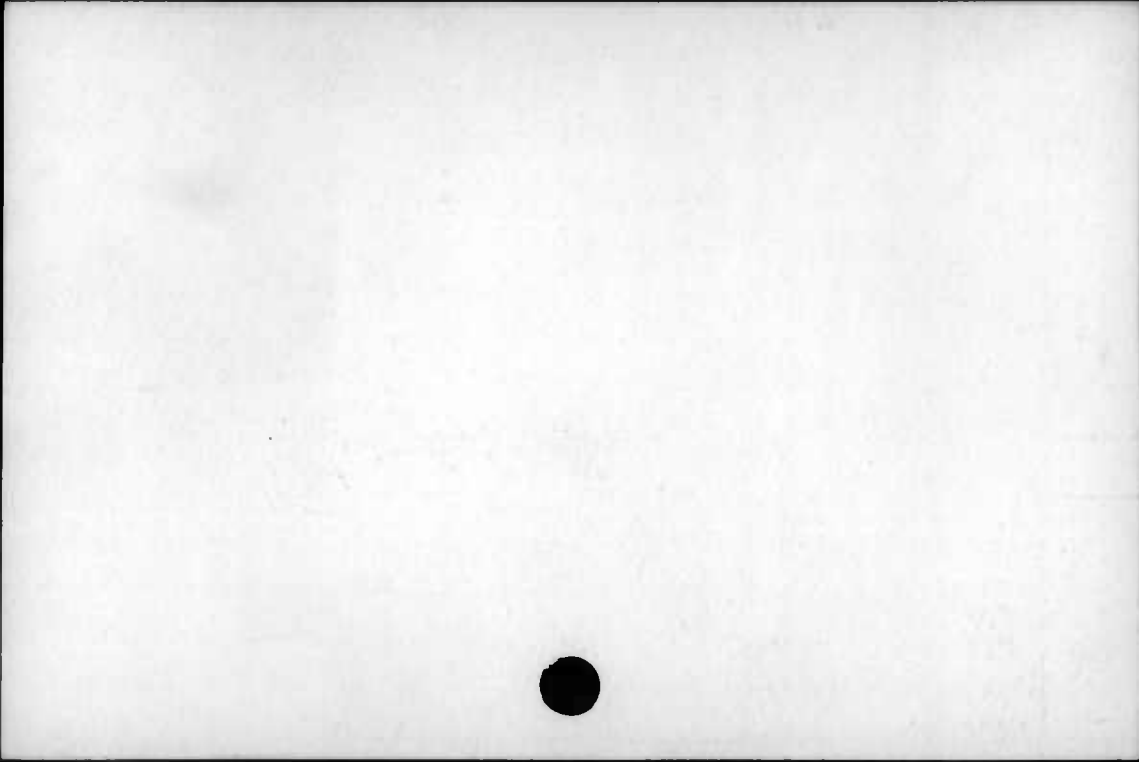
|   |  |                           |              |  |           |                            |           |
|---|--|---------------------------|--------------|--|-----------|----------------------------|-----------|
| Died at                                 |  | Town<br>Cumberland        |              | County<br>Allegany                         |           | MARYLAND                   |           |
| Date<br>of death                        |  | 1908                      | Month<br>May | Day<br>19                                  | Age<br>38 | Months<br>3 mos            | Days<br>- |
| Sex<br>male                             |  | Color or<br>Race<br>white |              | Birth-<br>place<br>Baltimore               |           |                            |           |
| Occupation<br>Stationary Engine fireman |  |                           |              | Where Residing if not<br>at place of death |           |                            |           |
| Married, Single<br>or Widowed           |  | married                   |              | Name of Wife or<br>Husband                 |           | Adeline Cunningham (Kerns) |           |
| Father's<br>Name                        |  | Daniel Cunningham         |              |  |           | Father's<br>Birthplace     |           |
| Mother's<br>Maiden Name                 |  | Minnie Folly              |              |  |           | Mother's<br>Birthplace     |           |
| Name of person giving<br>In formation   |  | Wm Cunningham             |              |  |           | How related<br>to deceased |           |
|   |  |                           |              |  |           | son                        |           |

## CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

|   |                     |               |         |
|---|---------------------|---------------|---------|
| Primary   | Arthritis deformans | How long      | 4 yrs   |
| Immediate   | Exhaustion          | How long      | one wk. |
| Are the name, age, sex, color, date<br>and place correctly given above? |                     | yes           |         |
| Signature of<br>Physician   |                     | Dr C L Owens  |         |
| Address   |                     | Cumberland Md |         |
| Accident or Suicide?  |                     | no            |         |



Name  
in  
Full

Annie J. Dagne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |      |  |     |                                       |    |  |    |
|--|------|--|-----|---------------------------------------|----|--|----|
| Died at <i>Cumtuta</i>                       |      | Town <i>Cumtuta</i>  |     | County <i>Allegheny</i>               |    | MARYLAND                               |    |
| Date of death                                | 1908 | Month  | May | Day                                   | 17 | Age                                    | 31 |
| Sex <i>Female</i>                            |      | Color or Race <i>White</i>                                       |     | Birth-place <i>Pa</i>                 |    | Months                                 | 1  |
| Occupation <i>Wife</i>                       |      | Where Residing if not at place of death <i>Bridgeport W. Va.</i> |     | Years                                 |    | Days                                   |    |
| Married, Single or Widowed <i>married</i>    |      | Name of <del>Wife</del> Husband <i>Harry Dagne</i>               |     | Father's Name <i>Solomon Marshall</i> |    | Father's Birthplace <i>Pa.</i>         |    |
| Mother's Maiden Name <i>Elizabeth Lordey</i> |      | Name of person giving information <i>Harry Dagne</i>             |     | Mother's Birthplace <i>Pa</i>         |    | How related to deceased <i>Husband</i> |    |

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Peritonitis</i>   | How long <i>5 days</i>                     |
| Immediate <i>Intestinal Obstruction</i>  | How long <i>3 days</i>                     |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>A. J. Burkli</i> |
| <i>Stein</i>   | Address <i>700 Cumberland</i>              |
| Accident or Suicide? <i>—</i>  | <i>Md.</i>                                 |

New Holland

Langston Co Pa

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

J. H. Dailey

Died at <sup>Town</sup> Cumberland<sup>County</sup> Allegany

MARYLAND

Date of death 1908 <sup>Month</sup> May <sup>Day</sup> 15 <sup>Age</sup> 78 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> W. VaOccupation Farmer <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Widower <sup>Name of Wife or Husband</sup> Elizabeth A. R. DaileyFather's Name Do not know <sup>Father's Birthplace</sup> Do not knowMother's Maiden Name Do not know <sup>Mother's Birthplace</sup> Do not knowName of person giving information S. H. Rousler <sup>How related to deceased</sup> son in law.

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONERPrimary Cause of Stomach <sup>How long</sup> 3 hrs or lessImmediate Exhaustion <sup>How long</sup> 1 dayAre the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> E. L. Broadus M.D.<sup>Address</sup> 8 Cumberland

Accident or Suicide? No

Mastusbury



Name  
in  
Full

Daniel (Stillborn)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Se Cumberland Town Allegheny County MARYLAND

Date of death 1908 Month May Day 17 Age Years Months Days +

Sex Male Color or Race White Birth-place  Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

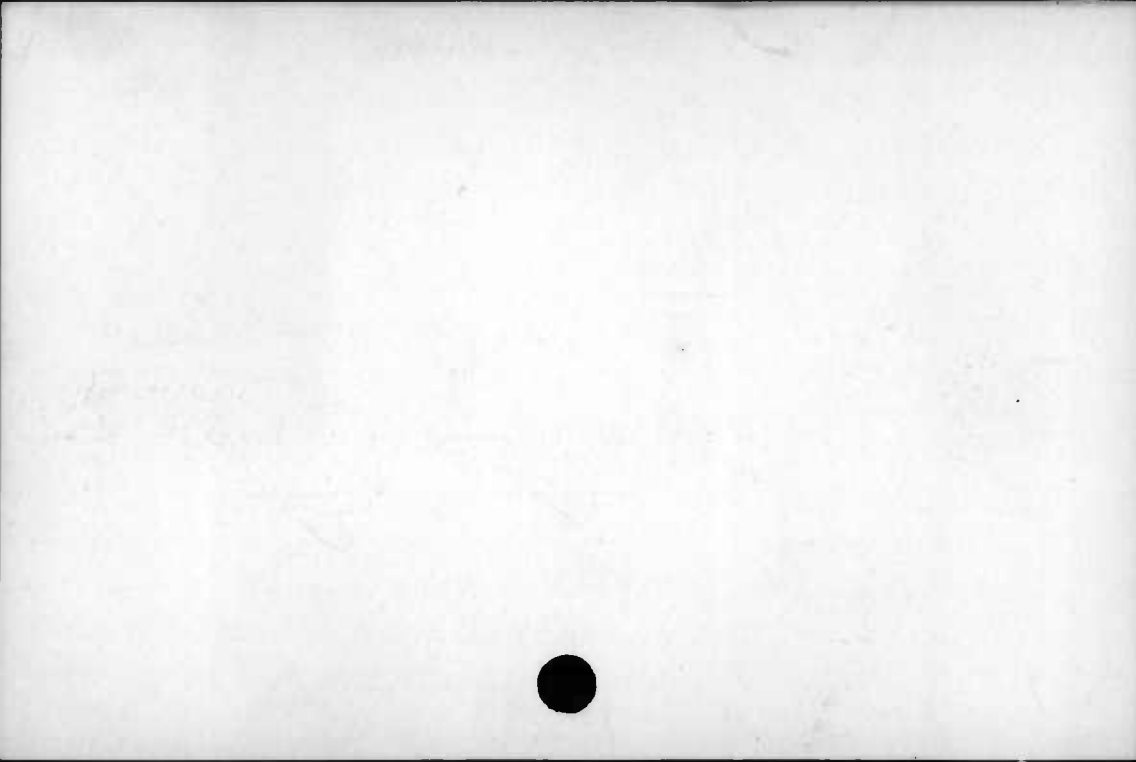
Immediate

How long

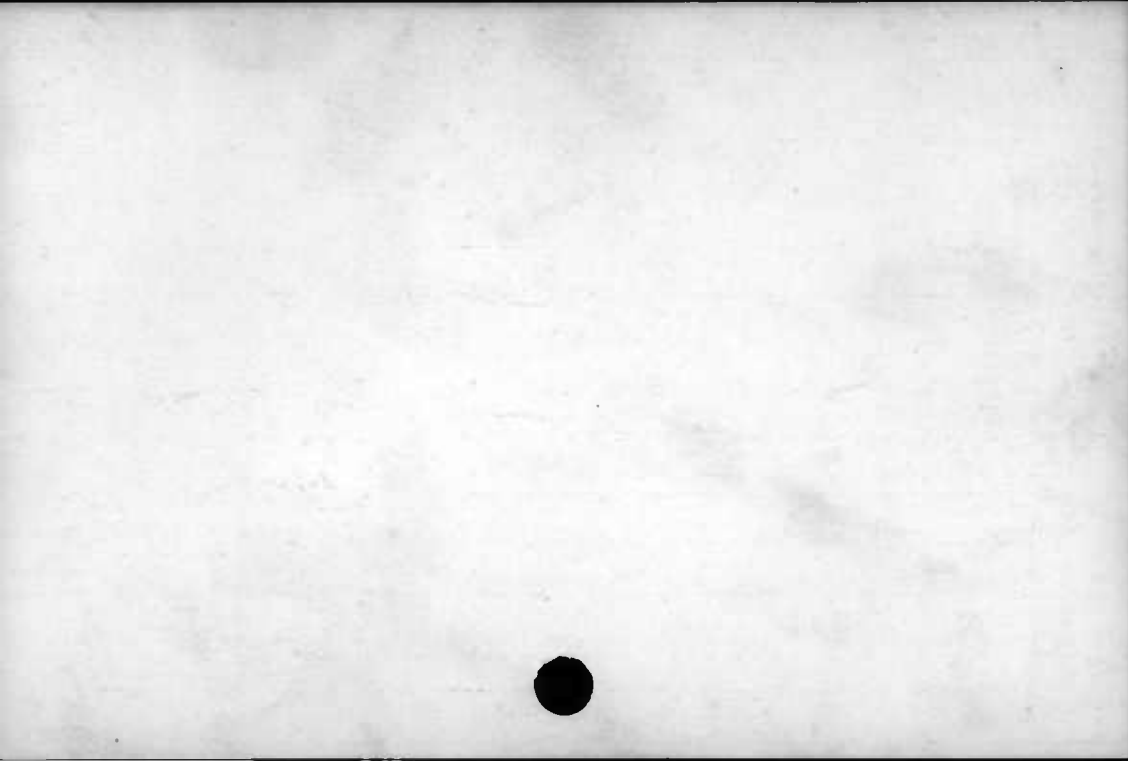
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

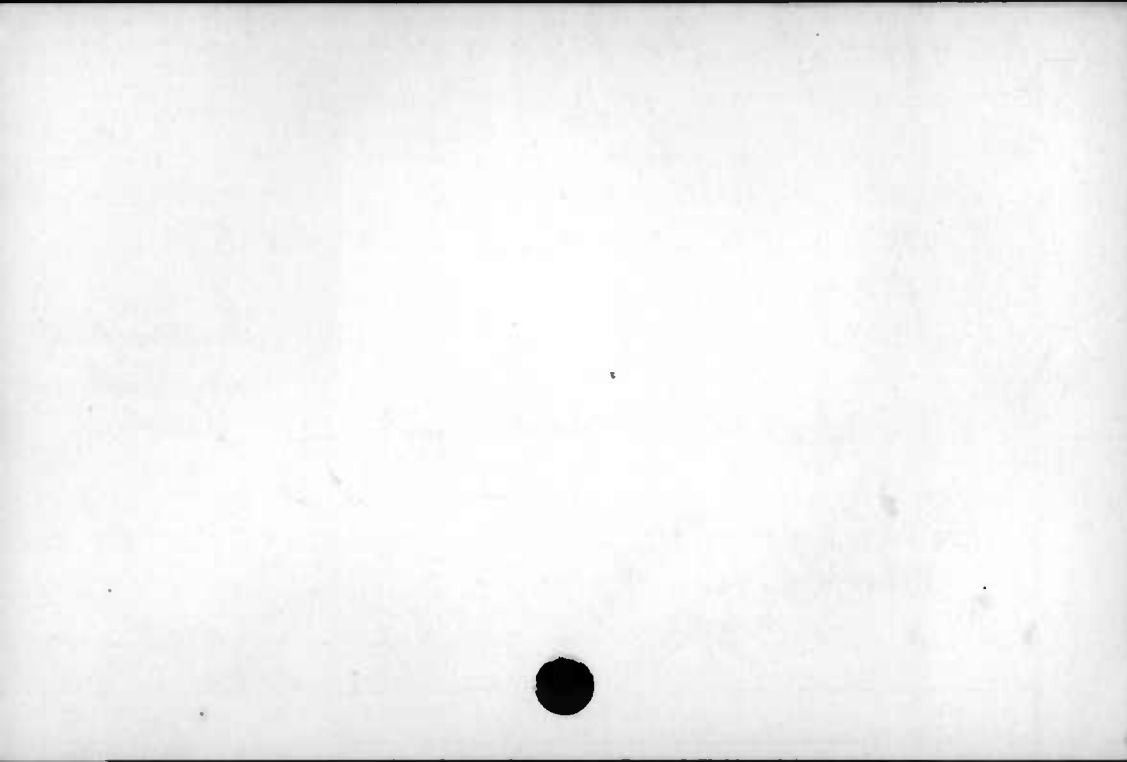
Accident or Suicide?



| Name<br>in<br>Full  |  | Gracie Downton |  |                                       |                                | CERTIFICATE OF DEATH |                             |
|---|--|----------------|--|---------------------------------------|--------------------------------|----------------------|-----------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND   | Died at <i>Allegany</i> <small>Town</small>  |                | <i>Allegany</i> <small>County</small>            |                                       | MARYLAND                       |                      |                             |
|   | Date of death <i>1908</i> <small>Month</small> <i>May</i> <small>Day</small> <i>27</i> |                | Age <i>11</i> <small>Years</small>               |                                       | <i>4</i> <small>Months</small> |                      | <i></i> <small>Days</small> |
|   | Sex <i>Female</i>  |                | Color or Race <i>White</i>                       |                                       | Birth-place <i>Allegany</i>    |                      |                             |
|   | Occupation <i>✓</i>  |                | Where Residing if not at place of death <i>✓</i> |                                       |                                |                      |                             |
|   | Married, Single or Widowed <i>✓</i>  |                | Name of Wife or Husband <i>✓</i>                 |                                       |                                |                      |                             |
|   | Father's Name <i>John Downton</i>  |                | Father's Birthplace <i>Allegany</i>              |                                       |                                |                      |                             |
|   | Mother's Maiden Name <i>Carrie Stephens</i>  |                | Mother's Birthplace <i>Allegany</i>              |                                       |                                |                      |                             |
| Name of person giving information <i>John Downton</i>   |  |                |  | How related to deceased <i>Father</i> |                                |                      |                             |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(6)</div> |  |                |  |                                       |                                |                      |                             |
| PHYSICIAN<br>OR CORONER   | Primary <i>Measles</i>   |                | <i>✓</i>   |                                       | How long <i>10 days</i>        |                      |                             |
|   | Immediate <i>Pneumonia</i>   |                | <i>✓</i>   |                                       | How long <i>6 days</i>         |                      |                             |
|   | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>        |                | Signature of Physician <i>J. L. Conroy</i>       |                                       |                                |                      |                             |
|   |  |                | Address <i>Frostburg Md.</i>                     |                                       |                                |                      |                             |
| Accident or Suicide? <i></i>  |  |                |  |                                       |                                |                      |                             |



|  |  |  |  |                              |  |                          |  |
|--|--|--|--|------------------------------|--|--------------------------|--|
| Name in Full<br><b>Simeon H. Duckworth</b>   |  | Town<br><b>Lonaconing</b>                            |  | County<br><b>Allegheny</b>   |  | STATE<br><b>MARYLAND</b> |  |
| Died at<br><b>Lonaconing</b>   |  | Date of death<br><b>1908 May 13</b>                  |  | Age<br><b>71</b>             |  | Months<br><b>8</b>       |  |
| Sex<br><b>Male</b>   |  | Color or Race<br><b>White</b>                        |  | Birth-place<br><b>Boston</b> |  | Days<br><b>—</b>         |  |
| Occupation<br><b>Miner</b>   |  | Where Residing if not in place of death<br><b>—</b>  |  |                              |  |                          |  |
| Married, Single or Widowed<br><b>Married</b>   |  | Name of Wife<br><b>Emma Hutchinson</b>               |  |                              |  |                          |  |
| Father's Name<br><b>Uriah Duckworth</b>  |  | Father's Birthplace<br><b>Wilmington</b>             |  |                              |  |                          |  |
| Mother's Maiden Name<br><b>Ellen Wilson</b>  |  | Mother's Birthplace<br><b>Virginia</b>               |  |                              |  |                          |  |
| Name of person giving information<br><b>Mr Simeon Duckworth</b>  |  | How related to deceased<br><b>Wife</b>               |  |                              |  |                          |  |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-weight: bold;">40</div> |  |  |  |                              |  |                          |  |
| Primary<br><b>Carcinoma Liver</b>  |  | How long<br><b>Six months</b>                        |  |                              |  |                          |  |
| Immediate<br><b>Insanitation &amp; Jaundice</b>  |  | How long<br><b>Six weeks</b>                         |  |                              |  |                          |  |
| Are the name, age, sex, color, date and place correctly given above?<br><b>Yes</b>   |  | Signature of Physician<br><b>W. Q. Skilling M.D.</b> |  |                              |  |                          |  |
|  |  | Address<br><b>Lonaconing</b>                         |  |                              |  |                          |  |
| Accident or Suicide?<br><b>No</b>  |  |  |  |                              |  |                          |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

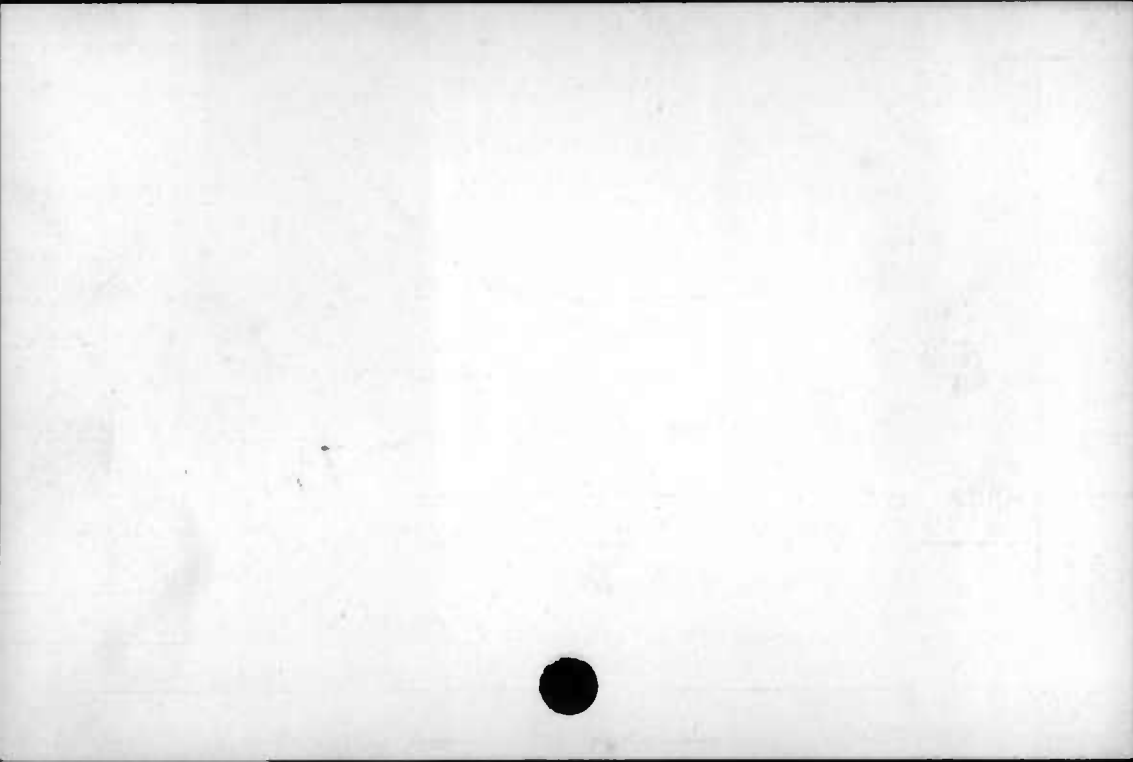
|   |   |                       |                              |               |  |
|---|---|-----------------------|------------------------------|---------------|--|
| Died at <i>Harperville</i> Town                     |   | <i>Alligum</i> County |                              | MARYLAND      |  |
| Date of death                                       | <i>1908</i>                               | Month <i>May</i>      | Day <i>28</i>                | Age <i>28</i> | Years <i>—</i> Months <i>—</i> Days <i>—</i> |
| Sex <i>Female</i>                                   | Color or Race <i>White</i>                |                       | Birthplace <i>Lonaconing</i> |               |  |
| Occupation <i>Housewife</i>                         | Where Residing if not at place of death   |                       |                              |               |  |
| Married, Single or Widowed <i>Married</i>           | Name of Wife or Husband <i>Edward Dye</i> |                       |                              |               |  |
| Father's Name <i>George W. Stamp</i>                | Father's Birthplace <i>Lonaconing</i>     |                       |                              |               |  |
| Mother's Maiden Name <i>Rebecca Miller</i>          | Mother's Birthplace <i>"</i>              |                       |                              |               |  |
| Name of person giving information <i>Edward Dye</i> | How related to deceased <i>Husband</i>    |                       |                              |               |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |                               |  |
|--|-------------------------------|--|
| Primary  | <i>Rheumatic Endocarditis</i> | How long <i>Six months</i>                   |
| Immediate  | <i>Peritonitis</i>            | How long <i>Four days</i>                    |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>                    | Signature of Physician <i>W. B. Skilling</i> |
|  |                               | Address <i>Lonaconing</i>                    |
| Accident or Suicide?   | <i>no</i>                     |  |





Name  
in  
Full

Eaton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

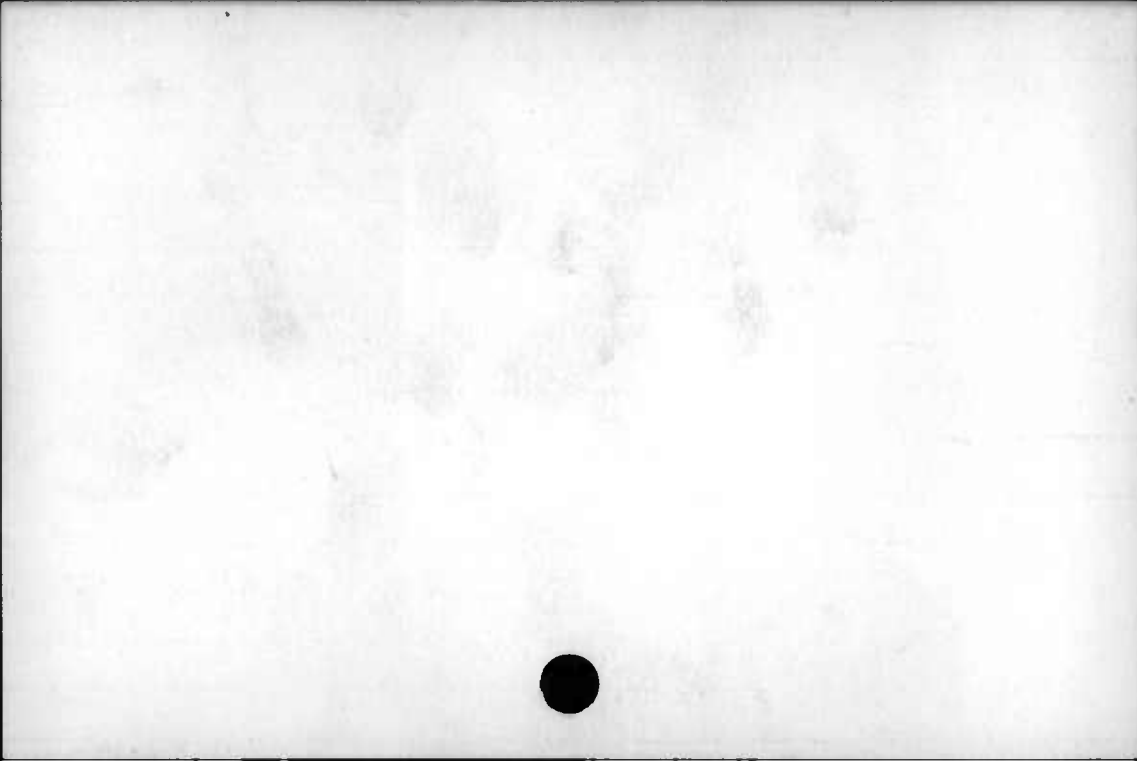
|   |                            |                                     |  |                 |               |
|---|----------------------------|-------------------------------------|--|-----------------|---------------|
| Died at <u>Emberland</u> <sup>Town</sup>              |                            | <u>Alleghany</u> <sup>County</sup>  |  | MARYLAND        |               |
| Date of death <u>1908</u>                             | Month <u>May</u>           | Day <u>15</u>                       | Age <u>0</u>                                     | Months <u>0</u> | Days <u>1</u> |
| Sex <u>male</u>                                       | Color or Race <u>white</u> |                                     | Birth-place <u>Emberland</u>                     |                 |               |
| Occupation <u>Infant</u>                              |                            |                                     | Where Residing if not at place of death <u>—</u> |                 |               |
| Married, Single or Widowed <u>Single</u>              |                            | Name of Wife or Husband <u>Jane</u> |  |                 |               |
| Father's Name <u>Angene Eaton</u>                     |                            |                                     | Father's Birthplace <u>Virginia</u>              |                 |               |
| Mother's Maiden Name <u>Rosa Weems</u>                |                            |                                     | Mother's Birthplace <u>Alleghany Co Maryland</u> |                 |               |
| Name of person giving information <u>Angene Eaton</u> |                            |                                     | How related to deceased <u>Father</u>            |                 |               |

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>meningocelle (still born)</u>  | How long <u>unknown</u>                  |
| Immediate <u>unknown</u>  | How long <u>—</u>                        |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>A. J. Duse</u> |
|   | Address <u>Emberland Md</u>              |
| Accident or Suicide? <u>—</u>   |  |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Emerson*

Died at *Cumtland* *Allegany* County *MARYLAND*

Date of death *1908* *5* Month *15* Day *74* Years *9* Months *9* Days

Sex *Male* Color or Race *White* Birth-place *Shelburne, Va*

Occupation *Painter* Where Residing if not at place of death *Berryville Va*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John Emerson* Father's Birthplace *Va*

Mother's Maiden Name *Margaret Midcall* Mother's Birthplace *Va*

Name of person giving information *J. H. Emerson* How related to deceased *Brother*

CAUSES OF DEATH

**66**

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *2 Weeks*

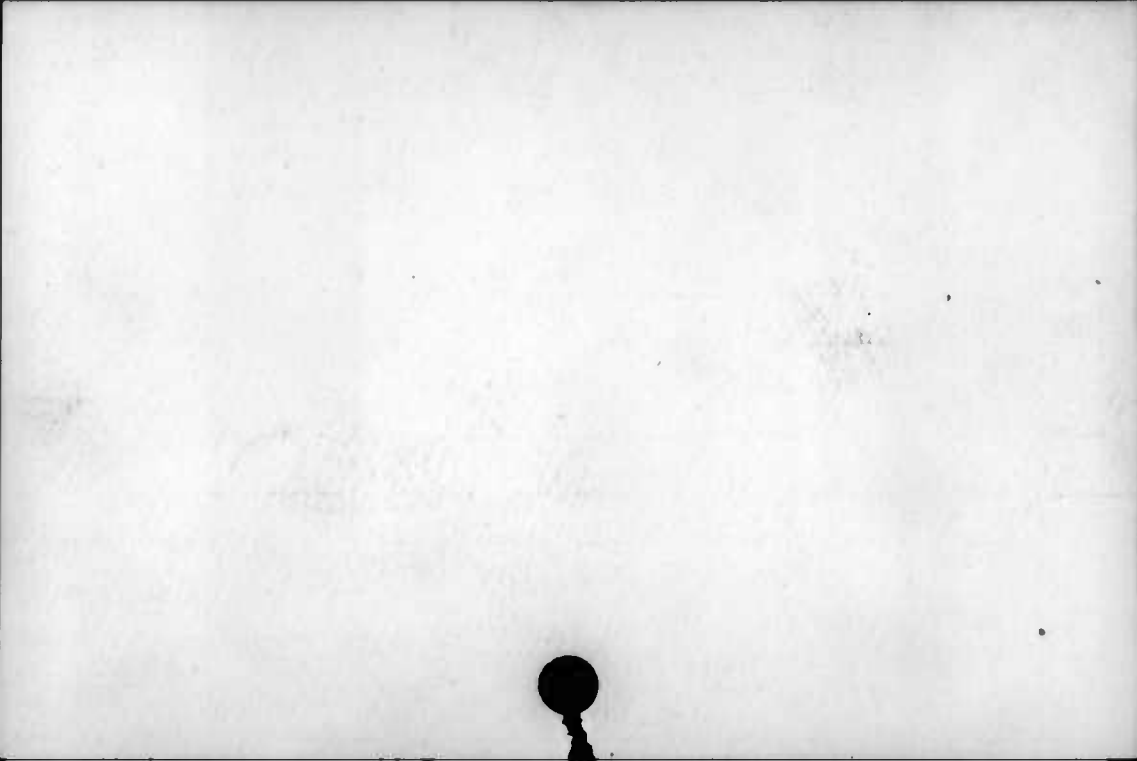
Immediate *& haemorrhage* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Thos. H. Fox*

Address *Cumtland*

Accident or Suicide? ☒



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

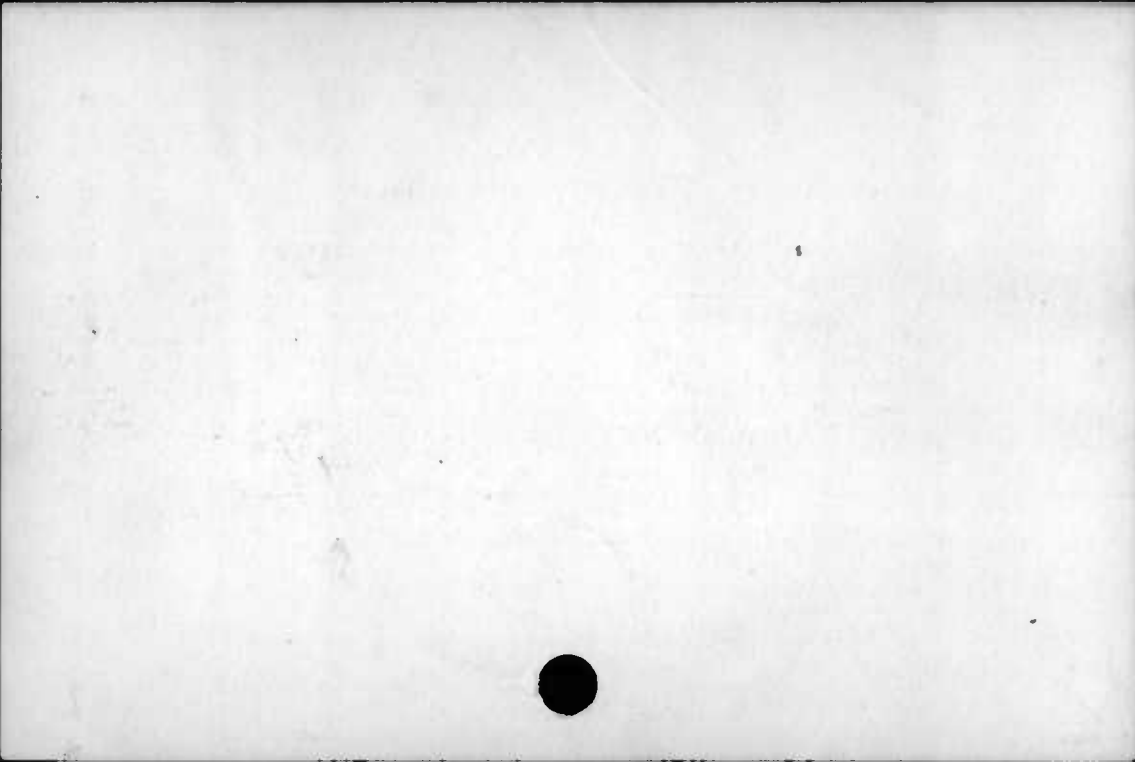
|  |  |   |  |   |  |                                |  |
|--|--|---|--|---|--|--------------------------------|--|
| Name in Full <b>Elmer Ellsworth Eury</b>           |  | Town <b>Cumtland</b>                    |  | County <b>alleg</b>                     |  | MARYLAND                       |  |
| Died at  |  | Date of death <b>1908</b>               |  | Month <b>May</b>                        |  | Day <b>16</b>                  |  |
| Sex <b>Male</b>                                    |  | Color or Race <b>white</b>              |  | Age <b>3</b>                            |  | Years <b>4</b>                 |  |
| Occupation <b>None</b>                             |  | Birth-place <b>Ind</b>                  |  | Where Residing if not at place of death |  | Days <b>—</b>                  |  |
| Married, Single or Widowed <b>Single</b>           |  | Name of Wife or Husband <b>None</b>     |  | Father's Birthplace <b>Ind</b>          |  | Mother's Birthplace <b>Ind</b> |  |
| Father's Name <b>E. W. Eury</b>                    |  | Mother's Maiden Name <b>Anna Pauble</b> |  | How related to deceased <b>Mother</b>   |  |                                |  |
| Name of person giving information <b>Anna Eury</b> |  |   |  |   |  |                                |  |

## CAUSES OF DEATH

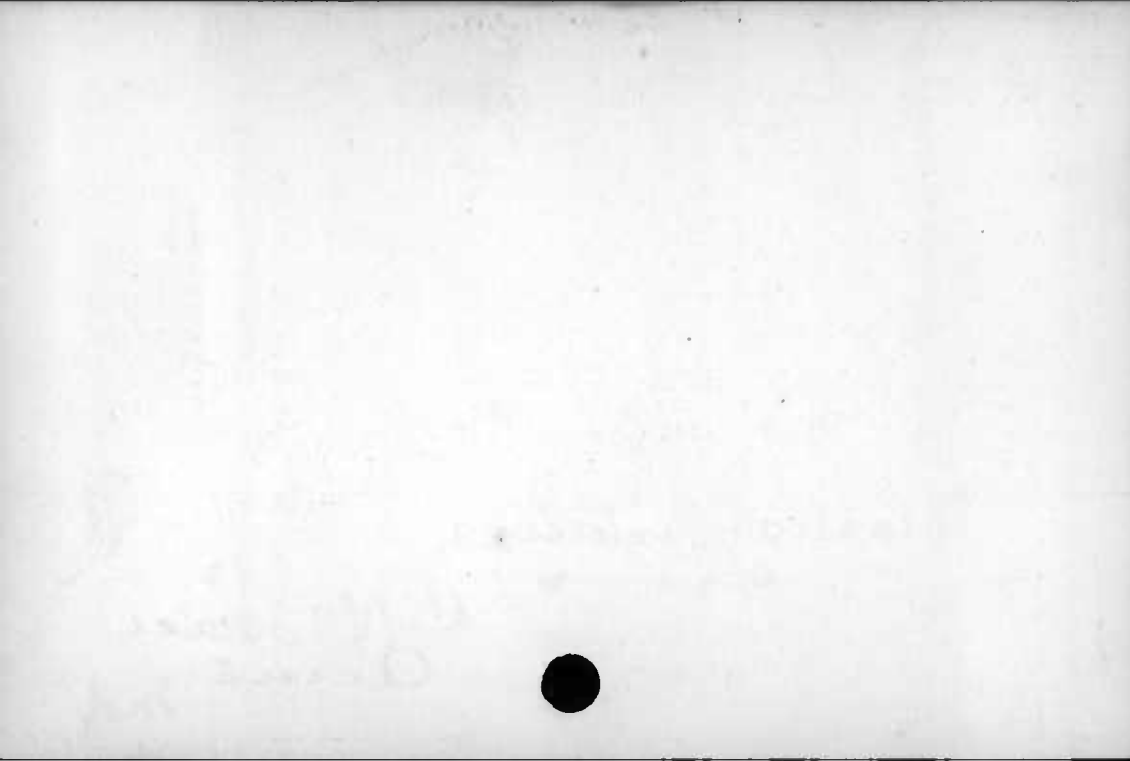
93

PHYSICIAN  
OR CORONER

|  |                               |   |                |
|--|-------------------------------|---|----------------|
| Primary  | <b>Pneumonia</b>              | How long                                      | <b>3 weeks</b> |
| Immediate  | <b>Relapse into Pneumonia</b> | How long                                      | <b>5 days</b>  |
| Are the name, age, sex, color, date and place correctly given above? <b>yes.</b> |                               | Signature of Physician <b>F. A. Bardsdale</b> |                |
| Address <b>Cumtland</b>  |                               | Address <b>Parkdale Ind.</b>                  |                |
| Accident or Suicide? <b>No</b>   |                               |   |                |



| Name<br>in<br>Full                  |  | Margrette A. Evry   |         |   |                        | CERTIFICATE OF DEATH    |                   |
|-------------------------------------|--|---------------------|---------|---|------------------------|-------------------------|-------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Cumberland.         |         | allagany                                |                        | MARYLAND                |                   |
|                                     | Date of death  | 1908                | May     | 11                                      | Age                    | 1                       | Months 9 Days 18. |
|                                     | Sex  | Female              |         | Color or Race                           | white                  |                         | Birth-place       |
|                                     | Occupation   | Aunt                |         | Where Residing if not at place of death |                        |                         |                   |
|                                     | Married, Single or Widowed   | —                   |         | Name of Wife or Husband                 |                        |                         |                   |
|                                     | Father's Name  | C. W. Evry          |         |   |                        | Father's Birthplace     | Fredricks Co. Md. |
| PHYSICIAN<br>OR CORONER             | Mother's Maiden Name   | Lidia Ann Fauble    |         |   |                        | Mother's Birthplace     | Fredricks Co. Md. |
|                                     | Name of person giving information                                    | Lidia Ann Fauble    |         |   |                        | How related to deceased | Mother            |
|                                     | CAUSES OF DEATH  |                     |         |   |                        |                         | (93)              |
|                                     | Primary  | Pneumonia & Neglect |         |   |                        | How long                | 7 days.           |
| Immediate                           | Neglect, - exhaustion  |                     |         |   | How long               | 1 day.                  |                   |
| PHYSICIAN<br>OR CORONER             | Are the name, age, sex, color, date and place correctly given above? |                     | yes.    |   | Signature of Physician |                         | F. L. Bartndoll   |
|                                     | Survived just as it was dying first time                             |                     | Address |   | Cumberland Md.         |                         |                   |
|                                     | Accident or Suicide?   |                     |         |   |                        |                         |                   |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Julia Edgel Everstine*  
 Town *Cambridge* County *Allegheny*

Died at *Cambridge**Allegheny*

MARYLAND

Date  
of death *1908*Month *May*Day *2*Age *one*

Years

Months *2*Days *-*Sex *Female*Color or  
Race *White*Birth-  
place *Cambridge*

Occupation

*none*Where Residing if not  
at place of death *-*Married, Single  
or Widowed *none*Name of Wife or  
Husband *-*Father's  
Name *Gerrard Everstine*Father's  
Birthplace *Cambridge*Mother's  
Maiden Name *Emma Fihlman*Mother's  
Birthplace *Cambridge*Name of person giving  
In formation *Gerrard Everstine*How related  
to deceased *Father*

## CAUSES OF DEATH

*8*

Primary

*Measles - Pertussis*

How long

*1 week*

Immediate

*Spasms*

How long

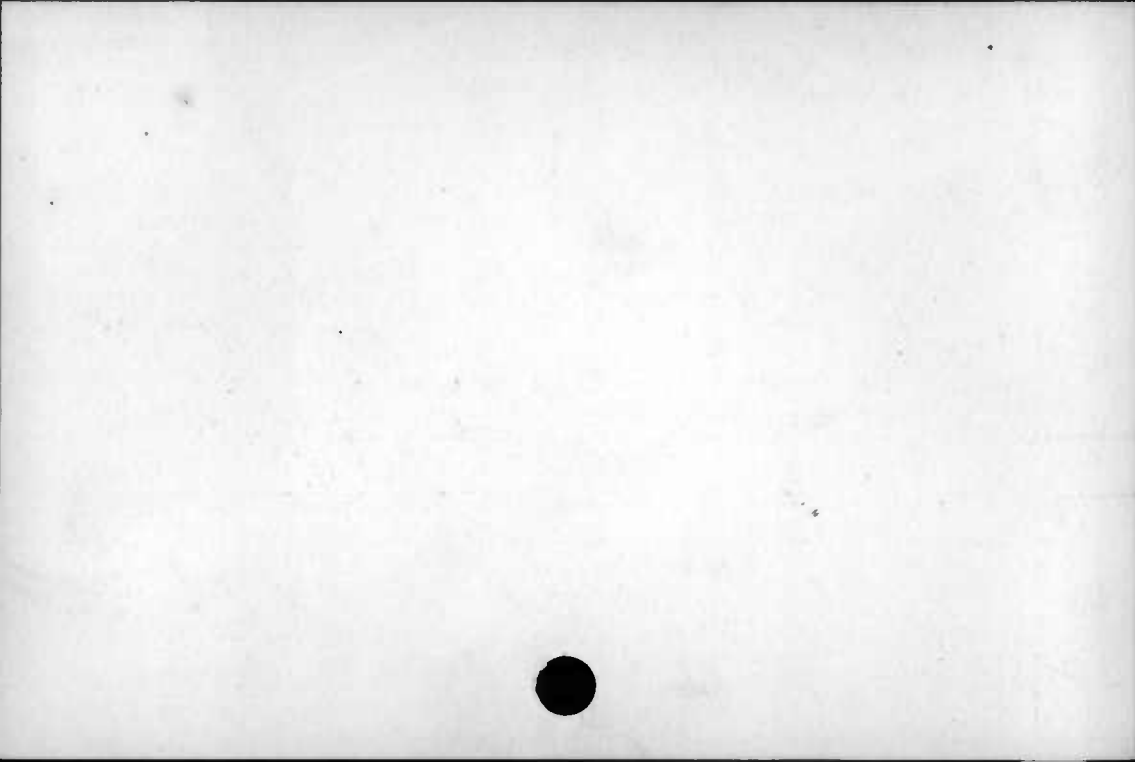
*12 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. H. Brace*

Address

*Cambridge Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Andrew Frank -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                   |                               |                  |                     |
|--|---|-----------------------------------|-------------------------------|------------------|---------------------|
| Died at <i>Eckhart Mines</i> <sup>Town</sup>           |   | <i>Allegany</i> <sup>County</sup> |                               | MARYLAND         |                     |
| Date of death  | <i>1908</i>   | Month<br><i>May</i>               | Day<br><i>3</i>               | Age<br><i>79</i> | Months<br><i>10</i> |
| Sex<br><i>Male</i>                                     | Color or Race<br><i>White</i>                           |                                   | Birth-place<br><i>Germany</i> |                  |                     |
| Occupation<br><i>Miner</i>                             | Where Residing if not at place of death<br><i>X X X</i> |                                   |                               |                  |                     |
| Married, <del>Single</del><br>or <del>Widowed</del>    | Name of Wife or Husband<br><i>Sophy Metzger</i>         |                                   |                               |                  |                     |
| Father's Name<br><i>X</i> <i>Attnorth</i>              | Father's Birthplace<br><i>Germany</i>                   |                                   |                               |                  |                     |
| Mother's Maiden Name<br><i>X</i> <i>Benham</i>         | Mother's Birthplace<br><i>Germany</i>                   |                                   |                               |                  |                     |
| Name of person giving information<br><i>John Frank</i> | How related to deceased<br><i>son</i>                   |                                   |                               |                  |                     |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|  |                         |                        |                              |
|--|-------------------------|------------------------|------------------------------|
| Primary  | <i>Old age -</i>        | How long               | <i>7 days</i>                |
| Immediate  | <i>General debility</i> | How long               | <i>7 days</i>                |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes.</i>             | Signature of Physician | <i>B. M. Cornwell - M.D.</i> |
|  |                         | Address                | <i>Eckhart Mines</i>         |
| Accident or Suicide?   |                         |                        | <i>No.</i>                   |



Name  
in  
Full

Hattie Luskil

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                |                         |               |                                       |
|--|--|--------------------------------|-------------------------|---------------|---------------------------------------|
| Died at <sup>Town</sup> <i>Frederick</i>               |  | <sup>County</sup> <i>Alley</i> |                         | MARYLAND      |                                       |
| Date of death  | 1905   | Month <i>May</i>               | Day <i>14</i>           | Age <i>24</i> | Years <i>10</i> Months <i>15</i> Days |
| Sex <i>F</i>   | Color or Race <i>W</i>                           |                                | Birth-place <i>Ind.</i> |               |                                       |
| Occupation <i>Housewife</i>                            | Where Residing if not at place of death <i>—</i> |                                |                         |               |                                       |
| Married, Single or Widowed <i>✓</i>                    | Name of Wife or Husband <i>Samuel Luskil</i>     |                                |                         |               |                                       |
| Father's Name <i>B. F. Arnold</i>                      | Father's Birthplace <i>W. Va</i>                 |                                |                         |               |                                       |
| Mother's Maiden Name <i>Mollie Shultz</i>              | Mother's Birthplace <i>W. Va</i>                 |                                |                         |               |                                       |
| Name of parson giving information <i>Samuel Luskil</i> | How related to deceased <i>Husband</i>           |                                |                         |               |                                       |

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Burn</i>  | How long <i>33 days</i>                   |
| Immediate <i>Exhaustion</i>  | How long <i>—</i>                         |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. Griffith</i> |
|  | Address <i>Frederick</i>                  |
| Accident or Suicide?   |   |

Hafer

Mc-Luckey Cem.

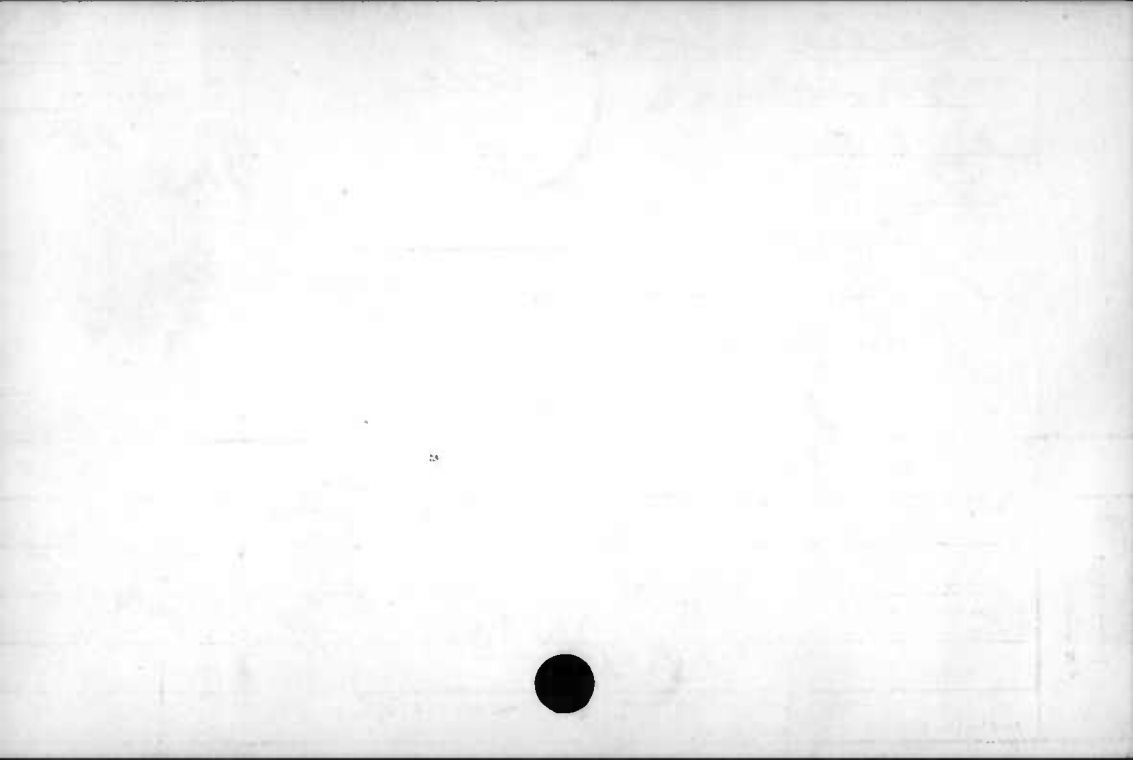
Town.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|   |                  |  |  |                                |                 |
|---|------------------|--|--|--------------------------------|-----------------|
| Name <u>Abortion 5 months</u>   |                  | County <u>Gogley</u>                         |  | CERTIFICATE OF DEATH           |                 |
| Died at <u>Cummins</u>  |                  | Town <u>Cummins</u>                          |  | MARYLAND                       |                 |
| Date of death <u>1908</u>   | Month <u>May</u> | Day <u>12</u>                                | Age <u>—</u>                                     | Years <u>—</u>                 | Months <u>—</u> |
| Sex <u>male</u>   |                  | Color or Race <u>white</u>                   |  | Birth-place <u>Cummins Ind</u> |                 |
| Occupation <u>—</u>   |                  |  | Where Residing if not at place of death <u>—</u> |                                |                 |
| Married, Single or Widowed <u>Single</u>  |                  | Name of Wife or Husband <u>—</u>             |  |                                |                 |
| Father's Name <u>J E Gogley</u>   |                  | Father's Birthplace <u>Ind</u>               |  |                                |                 |
| Mother's Maiden Name <u>Mallie Robinson</u>                                     |                  | Mother's Birthplace <u>Ind</u>               |  |                                |                 |
| Name of person giving Information <u>Robinson</u>                               |                  | How related to deceased <u>Grandmother</u>   |  |                                |                 |
| CAUSES OF DEATH   |                  |  |  |                                |                 |
| Primary <u>Premature birth</u>  |                  | How long <u>—</u>                            |  |                                |                 |
| Immediate <u>—</u>  |                  | How long <u>—</u>                            |  |                                |                 |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> |                  | Signature of Physician <u>J. J. Robinson</u> |  |                                |                 |
|   |                  | Address <u>Cummins Ind</u>                   |  |                                |                 |
| Accident or Suicide? <u>—</u>   |                  |  |  |                                |                 |







Name  
in  
Full

Annice B Grimmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                |                    |  |                    |    |                            |            |
|--------------------------------------|----------------|--------------------|--|--------------------|----|----------------------------|------------|
| Died at                              |                | Town<br>Cumberland |  | County<br>Allegany |    | MARYLAND                   |            |
| Date<br>of death                     | 1908           | Month<br>May       | Day<br>16                                  | Age<br>Years       | 51 | Months                     | Days       |
| Sex                                  | Female         |                    | Color or<br>Race                           | White              |    | Birth-<br>place            | Cumberland |
| Occupation                           | Wife           |                    | Where Residing if not<br>at place of death |                    |    |                            |            |
| Married, Single<br>or Widowed        | Married        |                    | Name of <del>Wife</del><br>Husband         | Samuel Grimmer     |    |                            |            |
| Father's<br>Name                     | John Houch     |                    |  |                    |    | Father's<br>Birthplace     | Germany    |
| Mother's<br>Maiden Name              | Do not know    |                    |  |                    |    | Mother's<br>Birthplace     | "          |
| Name of person giving<br>information | Samuel Grimmer |                    |  |                    |    | How related<br>to deceased | Husband    |

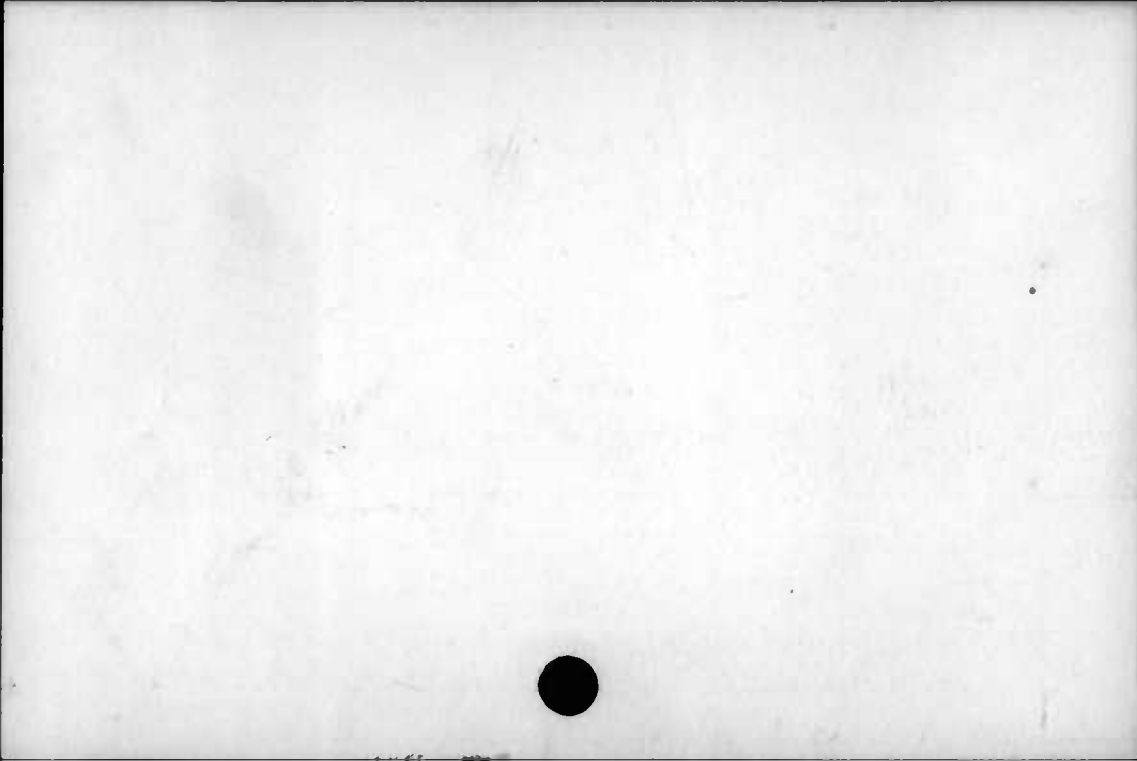
Not Operated upon

## CAUSES OF DEATH

24

PHYSICIAN  
OR CORONER

|   |                          |                  |                 |
|---|--------------------------|------------------|-----------------|
| Primary   | Actinomycosis of Stomach | How long         | Saw patient     |
| Immediate   | Exhaustion               | How long         | March 1st first |
| Are the name, age, sex, color, date<br>and place correctly given above? |                          | yes              |                 |
| Signature of<br>Physician   |                          | Geo T. Gander    |                 |
| Address   |                          | Cumberland<br>Md |                 |
| Accident or Suicide?  |                          | no               |                 |



Name  
in  
Full

William Guenter Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

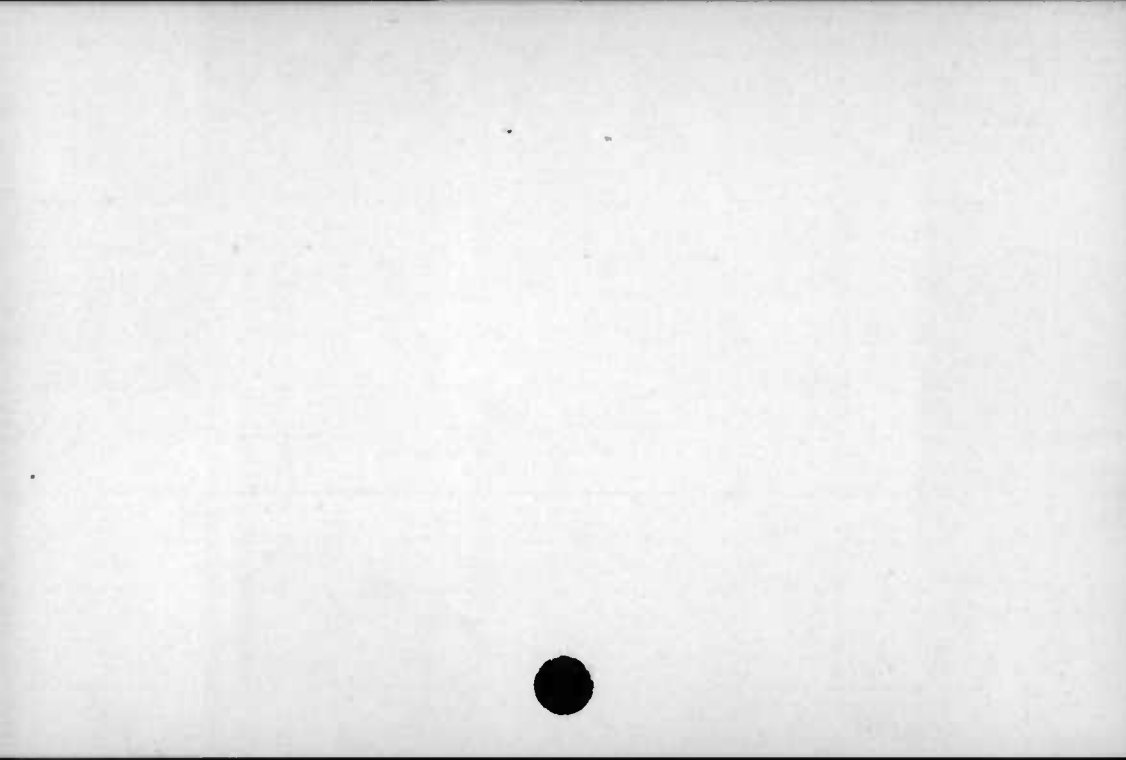
|                                   |                     |               |       |   |             |          |      |
|-----------------------------------|---------------------|---------------|-------|---|-------------|----------|------|
| Died at                           |                     | Town          |       | County                                  |             | MARYLAND |      |
| Date of death                     |                     | Month         | Day   | Age                                     | Years       | Months   | Days |
| 1908                              |                     | 5             | 7     | 72                                      |             |          |      |
| Sex                               | male                | Color or Race | white |   | Birth-place | Wales    |      |
| Occupation                        | Unwed               |               |       | Where Residing if not at place of death |             |          |      |
| Married, Single or Widowed        | widower             |               |       | Name of Wife or Husband                 |             |          |      |
| Sarah Guffitt                     |                     |               |       |   |             |          |      |
| Father's Name                     | Wm Guenter          |               |       | Father's Birthplace                     |             | Wales    |      |
| Mother's Maiden Name              | 2                   |               |       | Mother's Birthplace                     |             | Wales    |      |
| Name of person giving information | William Guenter Jr. |               |       | How related to deceased                 |             | son      |      |

CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

|  |                         |                        |       |
|--|-------------------------|------------------------|-------|
| Primary  | Neurosis Asthenia       | How long               | years |
| Immediate  | Emphysema & hypertrophy | How long               | 2 wks |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician |       |
|  |                         | J. M. Drier            |       |
|  |                         | Address                |       |
|  |                         | Froeseburg Md.         |       |
| Accident or Suicide?   |                         |                        |       |



Name  
in  
Full

A. Scott. Hartsock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

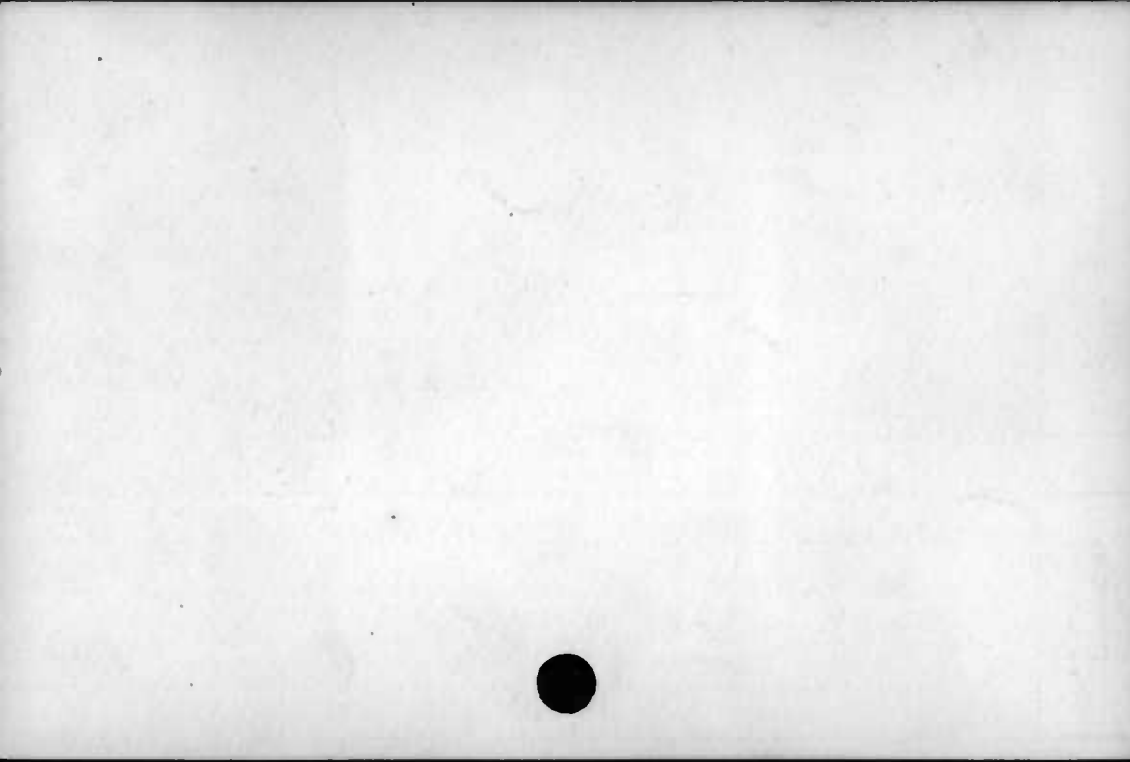
|                                   |                      |   |   |                     |              |
|-----------------------------------|----------------------|---|---|---------------------|--------------|
| Died at <i>Cumberland</i>         |                      | County <i>Alleghany</i>                         |   | MARYLAND            |              |
| Date of death                     | 1908                 | Month   | May                                     | Day                 | 29           |
| Age                               | 38                   | Years   |   | Months              |              |
| Sex                               | Male                 | Color or Race                                   | White                                   | Birth-place         | Flinstone Md |
| Occupation                        | Hotel Keeper         |   | Where Residing if not at place of death |                     |              |
| Married, Single or Widowed        | Married              | Name of Wife or Husband <i>Mary E. Hartsock</i> |   |                     |              |
| Father's Name                     | <i>Jas Hartsock</i>  |   | Father's Birthplace                     | <i>Alleghany co</i> |              |
| Mother's Maiden Name              | <i>Mary Hannah</i>   |   | Mother's Birthplace                     | <i>Alleghany co</i> |              |
| Name of person giving information | <i>Mary Hartsock</i> |   | How related to deceased                 | <i>wif</i>          |              |

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

|  |                        |                          |               |
|--|------------------------|--------------------------|---------------|
| Primary  | <i>Acute Gastritis</i> | How long                 | <i>3 days</i> |
| Immediate  | <i>Heart failure</i>   | How long                 | <i>1 day</i>  |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician   |               |
| <i>yes</i>   |                        | <i>A. L. S. S. S. S.</i> |               |
| Address  |                        | <i>Franklin St</i>       |               |
| <i>Cumberland</i>  |                        | <i>Md</i>                |               |
| Accident or Suicide?   |                        |                          |               |
| <i>No</i>  |                        |                          |               |



Name  
in  
Full

Wm P. Henechall

## CERTIFICATE OF DEATH

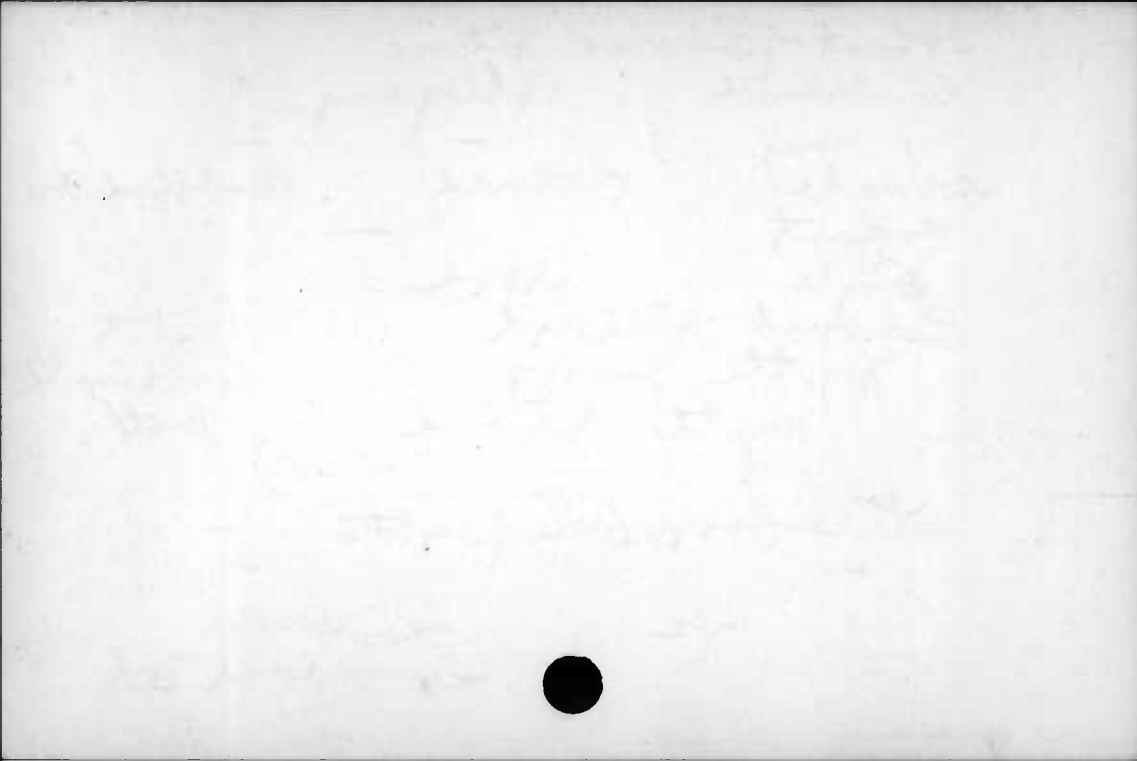
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |               |       |   |        |      |          |        |
|-----------------------------------|--------------|---------------|-------|---|--------|------|----------|--------|
| Died at                           |              |               | Town  |   | County |      | MARYLAND |        |
| Date of death                     | 1908         | Month         | 11    | Day                                     | 2      | Age  | 45       | Months |
| Sex                               | male         | Color or Race | white | Birth-place                             |        | Ind. |          |        |
| Occupation                        | farmer       |               |       | Where Residing if not at place of death |        |      |          |        |
| Married, Single or Widowed        | married      |               |       | Name of Wife or Husband                 |        |      |          |        |
| Father's Name                     | Wm Henechall |               |       | Father's Birthplace                     |        |      |          |        |
| Mother's Maiden Name              | 2            |               |       | Mother's Birthplace                     |        |      |          |        |
| Name of person giving information | Jonas Dierck |               |       | How related to deceased                 |        |      |          |        |
|                                   |              |               | 40    |   |        |      |          |        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |          |         |
|--|------------------------|----------|---------|
| Primary  | Carceerwa Stomach      | How long | 2 yrs   |
| Immediate  | cephalium              | How long | 2 gesv. |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |          |         |
|  | Address                |          |         |
|  | Frostburg Ind.         |          |         |
| Accident or Suicide?   |                        |          |         |





Name  
in  
Full

Infant of Edward Hillard  
Tow  
Lumbland  
County  
Allegheny

CERTIFICATE OF DEATH

Died at Lumbland  
Date of death 1908 May 9 Age — Months — Days —  
Sex Female Color or Race Colored Birth-place Lumbland Md  
Occupation Infant Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Edward Hillard

Father's Birthplace W. Va

Mother's Maiden Name Myrtle Darr

Mother's Birthplace Lumbland Md

Name of person giving information Myrtle Hillard

How related to deceased Mother

CAUSES OF DEATH

Primary Stillborn (arm presentation)

How long —  
How long —

Immediate

Are the name, age, sex, color, date and place correctly given above?

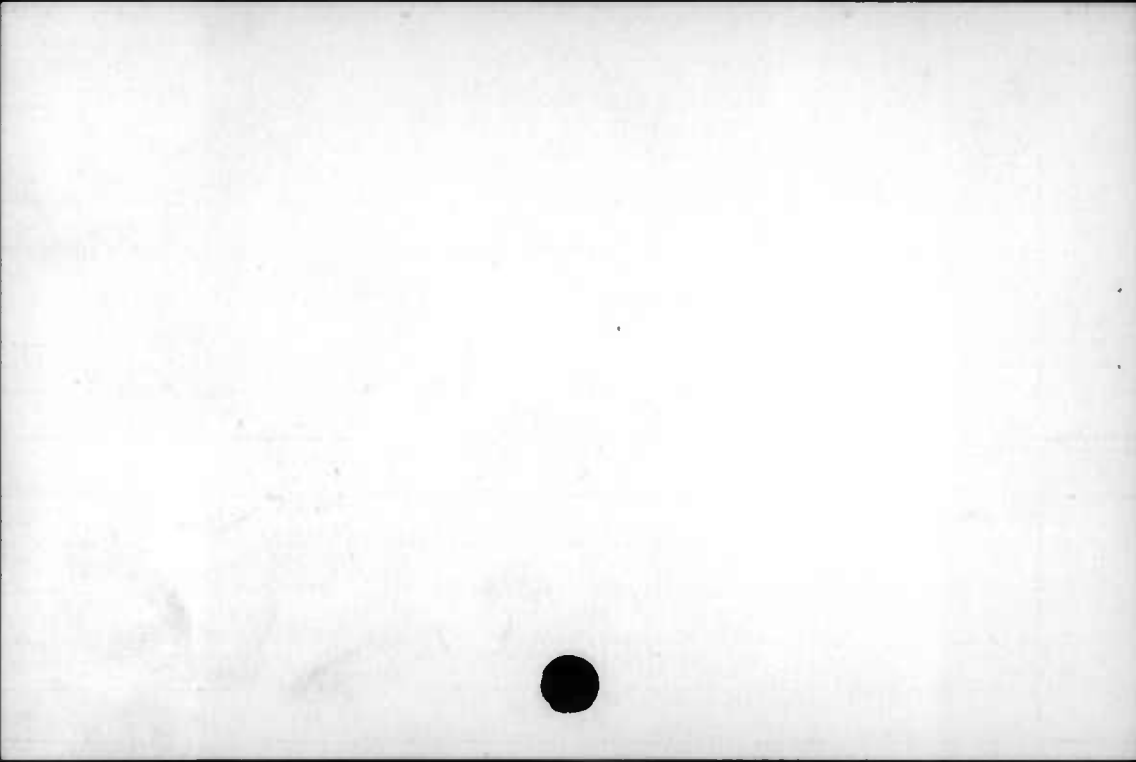
yes

Signature of Physician

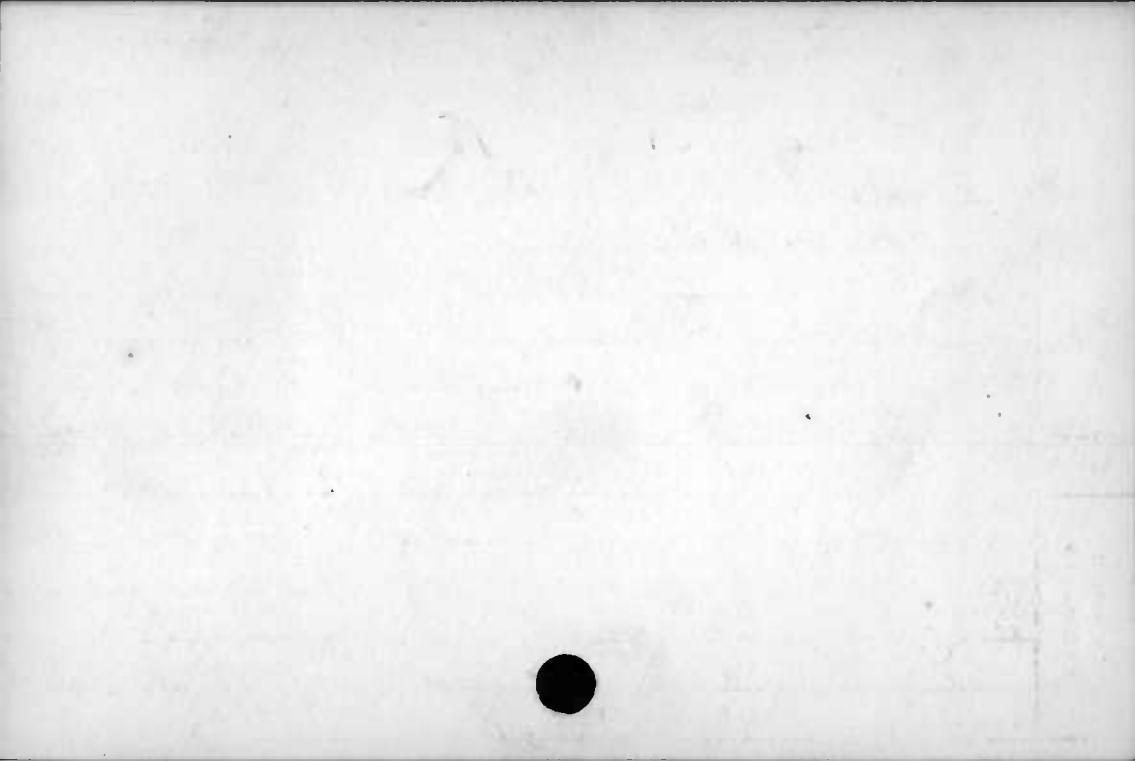
Address

E. S. Duke  
Lumbland Md

Accident or Suicide?



|  |  |                          |  |   |  |                |  |                      |  |
|--|--|--------------------------|--|---|--|----------------|--|----------------------|--|
| Name in Full   |  | Mary Ann Hopwood         |  | Town                                    |  | County         |  | CERTIFICATE OF DEATH |  |
| Died at  |  | Cumberland               |  | Alleg                                   |  | MAYLAND        |  |                      |  |
| Date of death  |  | 1908                     |  | Month                                   |  | Day            |  | Age                  |  |
|  |  | May                      |  | 31                                      |  | 78             |  |                      |  |
| Sex  |  | Female                   |  | Color or Race                           |  | White          |  | Birth-place          |  |
|  |  |                          |  |   |  |                |  | Dund.                |  |
| Occupation   |  | Housewife                |  | Where Residing if not at place of death |  |                |  |                      |  |
| Married, Single or Widowed   |  |                          |  | Name of Wife or Husband                 |  | Joshua Hopwood |  |                      |  |
| Father's Name  |  | Cornelius Conner         |  | Father's Birthplace                     |  | Don't Know     |  |                      |  |
| Mother's Maiden Name   |  | Cassandra Conner         |  | Mother's Birthplace                     |  |                |  |                      |  |
| Name of person giving information                                    |  | Elnor Hopwood            |  | How related to deceased                 |  | D. in law      |  |                      |  |
| TO BE ANSWERED BY NEAREST FRIEND                                     |  | CAUSES OF DEATH          |  | 93                                      |  |                |  |                      |  |
| Primary  |  | Inflammation             |  | How long                                |  | 10 days        |  |                      |  |
| Immediate  |  | Exhaustion Heart Failure |  | How long                                |  | 15 minutes     |  |                      |  |
| Are the name, age, sex, color, date and place correctly given above? |  | yes                      |  | Signature of Physician                  |  | J. M. Conner   |  |                      |  |
|  |  |                          |  | Address                                 |  | Cumberland     |  |                      |  |
| Accident or Suicide?   |  |                          |  |   |  |                |  |                      |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |                     |                              |                   |                   |                    |
|--|--|---|---------------------|------------------------------|-------------------|-------------------|--------------------|
| Name in Full<br><i>Mildred V. Johnson</i>                      |  | Town<br><i>Cumberland</i>                           |                     | County<br><i>Alleg</i>       |                   | MARYLAND          |                    |
| Died at  |  |   |                     |                              |                   |                   |                    |
| Date of death  |  | 1908  | Month<br><i>May</i> | Day<br><i>9</i>              | Age<br><i>one</i> | Years<br><i>6</i> | Months<br><i>6</i> |
| Sex<br><i>Female</i>   |  | Color or Race<br><i>White</i>                       |                     | Birth-place<br><i>Cumt-d</i> |                   |                   |                    |
| Occupation<br><i>None</i>                                      |  | Where Residing if not at place of death<br><i>—</i> |                     |                              |                   |                   |                    |
| Married, Single or Widowed<br><i>Single</i>                    |  | Name of Wife or Husband                             |                     |                              |                   |                   |                    |
| Father's Name<br><i>William J. Johnson</i>                     |  | Father's Birthplace<br><i>Martinsburg, W. Va.</i>   |                     |                              |                   |                   |                    |
| Mother's Maiden Name<br><i>Betty S. Rutherford</i>             |  | Mother's Birthplace<br><i>" "</i>                   |                     |                              |                   |                   |                    |
| Name of person giving information<br><i>William J. Johnson</i> |  | How related to deceased<br><i>Father</i>            |                     |                              |                   |                   |                    |

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary<br><i>meningitis</i>   | How long<br><i>1 week</i>                      |
| Immediate<br><i>Chancet</i>  | How long                                       |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> | Signature of Physician<br><i>Thos. W. Good</i> |
| <i>Stear</i>   | Address<br><i>Cumt-d</i>                       |
| Accident or Suicide?   |  |



Name  
in  
Full

CERTIFICATE OF DEATH

infant - Jones

Town

County

MARYLAND

Died at Cumberland

Accorgany

Date of death 1908

Month

May

Day

9

Age

Years

-

Months

-

Days

-

Sex male

Color or  
Race

Colora

Birth-  
place

Cumtola

Occupation

-

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

Dennis Jones

Father's  
Birthplace

Ma

Mother's  
Maiden Name

Nettie Jones

Mother's  
Birthplace

Ma

Name of person giving  
In formation

Dennis Jones

How related  
to deceased

Father

CAUSES OF DEATH

(S)

Primary

Still - born

How long

Unknown

Immediate

Still born

How long

Unknown

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. R. Hodger

Address

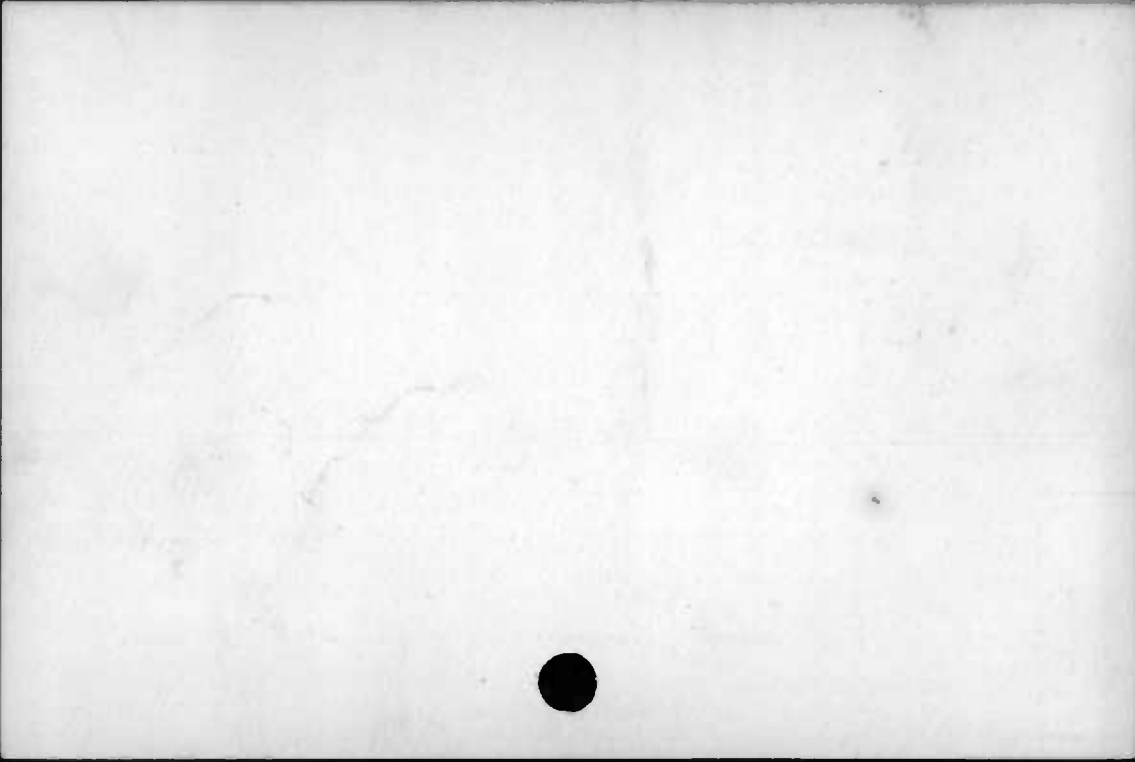
Cumberland

Accident or Suicide?

Hodger

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

John Kenaph

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

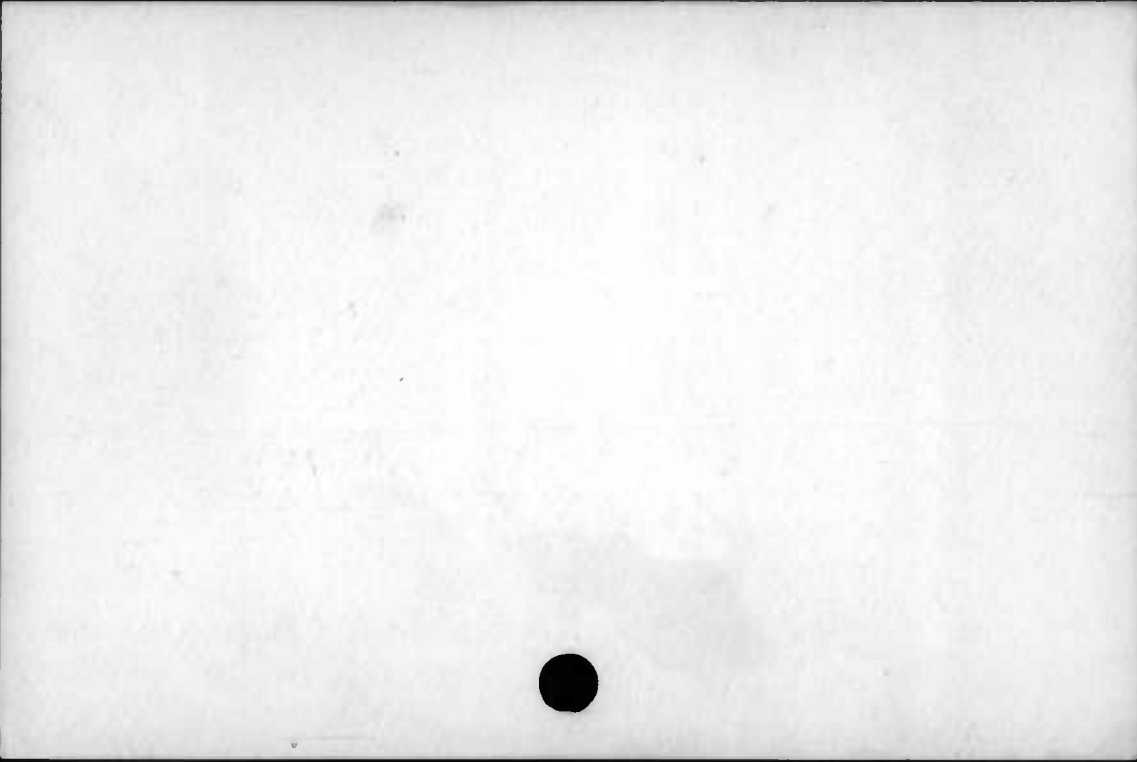
|   |                                 |   |  |                                  |                               |
|---|---------------------------------|---|--|----------------------------------|-------------------------------|
| Died at <b>Sonacoring</b> <small>Town</small>                   |                                 | <b>Allegany</b> <small>County</small>         |  | <b>MARYLAND</b>                  |                               |
| Date of death <b>1908</b>                                       | <b>May</b> <small>Month</small> | <b>31</b> <small>Day</small>                  | <b>65</b> <small>Years</small>                                 | <b>6</b> <small>Months</small>   | <b>21</b> <small>Days</small> |
| Sex <b>Male</b>   |                                 | Color or Race <b>White</b>                    |  | Birth-place <b>Allegany, Md.</b> |                               |
| Occupation <b>Merchant</b>                                      |                                 |   | Where Residing if not at place of death <b>Sonacoring, Md.</b> |                                  |                               |
| Married, Single or Widowed <b>Married</b>                       |                                 | Name of Wife or Husband <b>Josephine Reed</b> |  |                                  |                               |
| Father's Name <b>Henry Kenaph</b>                               |                                 |   | Father's Birthplace <b>Germany</b>                             |                                  |                               |
| Mother's Maiden Name <b>Catherine Kenaph</b>                    |                                 |   | Mother's Birthplace <b>Germany</b>                             |                                  |                               |
| Name of person giving information <b>Mrs. Mary Kenaph Roman</b> |                                 |   | How related to deceased <b>Sister</b>                          |                                  |                               |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|   |  |   |                    |
|---|--|---|--------------------|
| Primary   | <b>Heart Valvular</b>                    | How long                                      | <b>6 mo.</b>       |
| Immediate   | <b>Profound Effusion &amp; Pulmonary</b> | How long                                      | <b>3 day &amp;</b> |
| Are the name, age, sex, color, date and place correctly given above? <b>Yes</b> |  | Signature of Physician <b>Dr. H. G. White</b> |                    |
| <b>Non contagious</b>   |  | Address <b>National</b>                       |                    |
| Accident or Suicide? <b>No</b>  |  | <b>Md.</b>                                    |                    |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Margarette A Kenney*  
Died at *Cumberland* Town *Allegheny* County

MARYLAND

Date of death *1908* Month *May* Day *24* Age *78* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm Kenney*

Father's Name *Jeremiah Maher* Father's Birthplace *Ireland*

Mother's Maiden Name *Bridget Fogerty* Mother's Birthplace *Ireland*

Name of person giving information *Mary Lynch* How related to deceased *Sister*

CAUSES OF DEATH

*44*

Primary *Cancer of Face* How long *2 yrs*  
Immediate *Exhaustion* How long *2 weeks*

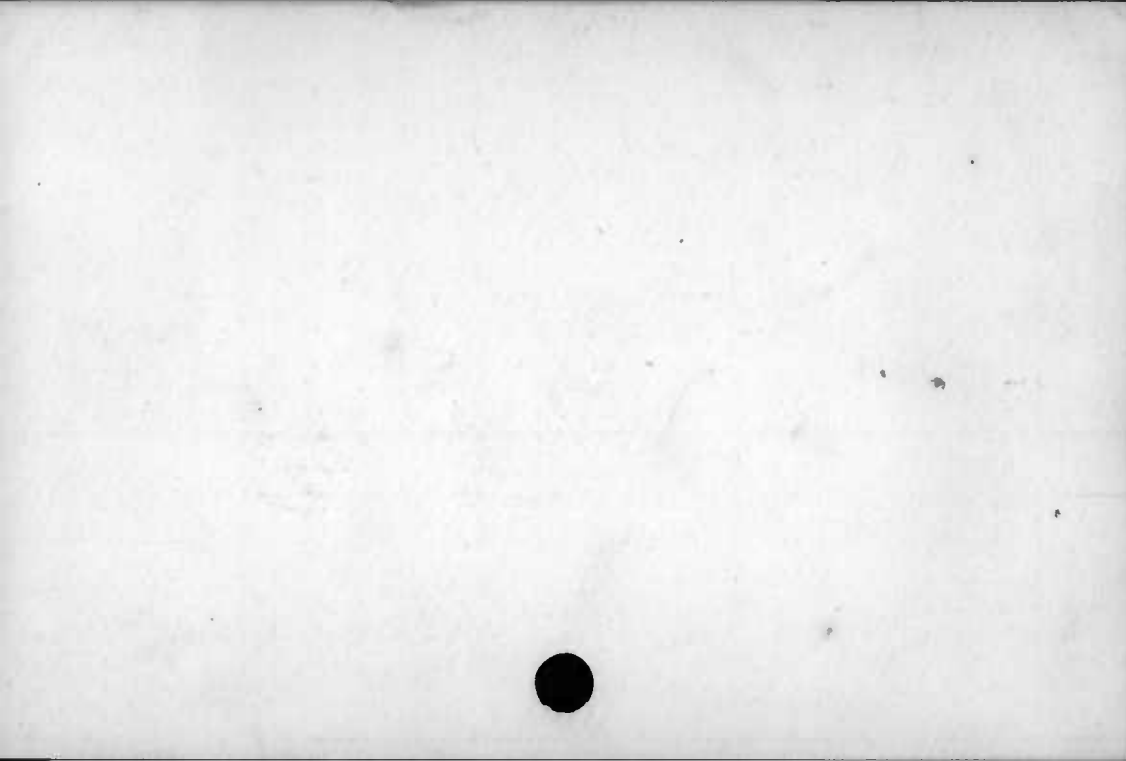
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. F. J. Duggan*

*Stem* Address *Cumberland, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Home* *all*Date of death 1908 *May* *14* Age *—* Years *—* Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *A Jb Knight* Father's Birthplace *Ind*Mother's Maiden Name *Berulah J Decker* Mother's Birthplace *Dia to*Name of person giving information *A Jb Knight* How related to deceased *Father*

## CAUSES OF DEATH

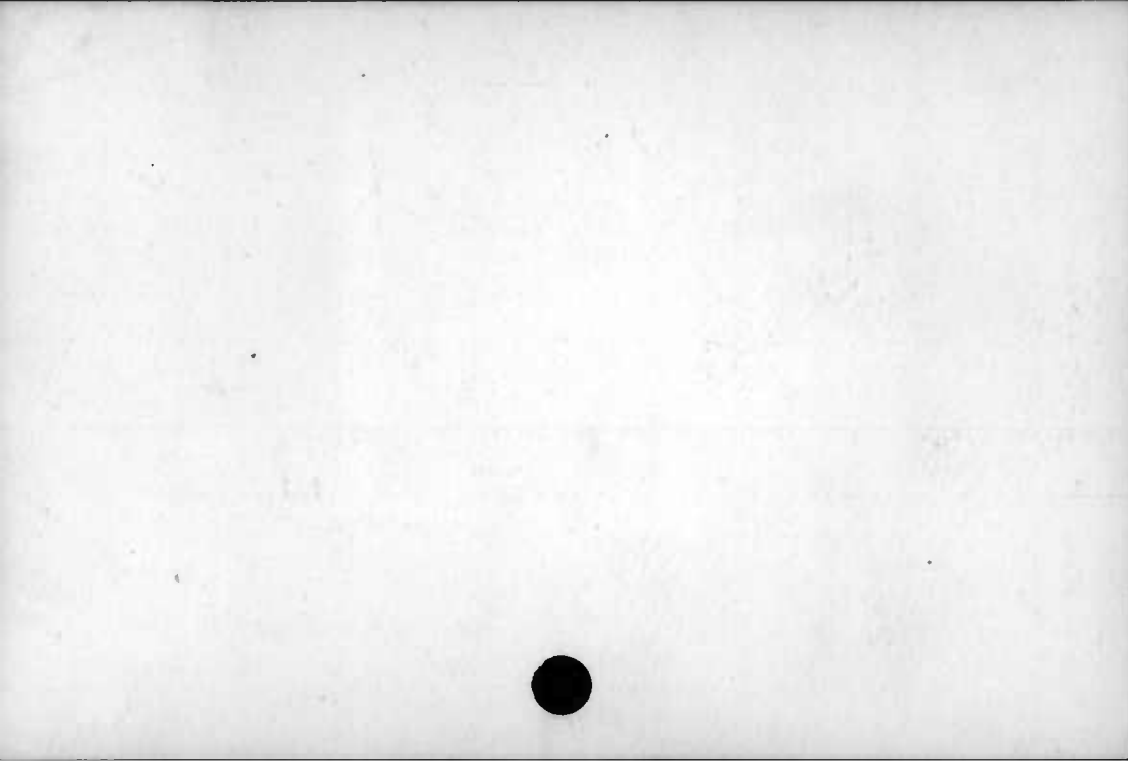
Primary *Stile Bone*How long *—*Immediate *—*How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |       |               |   |       |             |      |
|-----------------------------------|----------------|-------|---------------|---|-------|-------------|------|
| Died at                           |                | Town  |               | County                                  |       | MARYLAND    |      |
| Date of death                     |                | Month | Day           | Age                                     | Years | Months      | Days |
| 1908                              |                | 5     | 29            |   | 59    |             |      |
| Sex                               | M              |       | Color or Race | W.                                      |       | Birth-place | MD   |
| Occupation                        | Miner          |       |               | Where Residing if not at place of death |       |             |      |
| Married, Single or Widowed        |                |       |               | Name of Wife or Husband Lucy Lashbaugh  |       |             |      |
| Father's Name                     | Dont know      |       |               | Father's Birthplace Maryland            |       |             |      |
| Mother's Maiden Name              | Dont know      |       |               | Mother's Birthplace Maryland            |       |             |      |
| Name of person giving information | Thomas Cresent |       |               | How related to deceased son-in-law      |       |             |      |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |                      |                        |          |             |
|--|----------------------|------------------------|----------|-------------|
| Primary  | Miners Aethma        |                        | How long | 5 yrs       |
| Immediate  | Aortic Regurgitation |                        | How long | 2 yrs       |
| Are the name, age, sex, color, date and place correctly given above? |                      | Signature of Physician |          | Dr W M Lane |
|  |                      | Address                |          | MD          |
| Accident or Suicide?   |                      |                        |          |             |

Hafer

Laird Hill

Moscow.



Name  
in  
Full

Della Leasure

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at *Cumberland* *Alleg.*  
MAYLAND  
Date of death 1908 *May* Month *8* Day *2* Years *10* Months *—* Days  
Sex *Female* Color or Race *White* Birth-place *MD*  
Occupation *None* Where Residing if not at place of death *—*

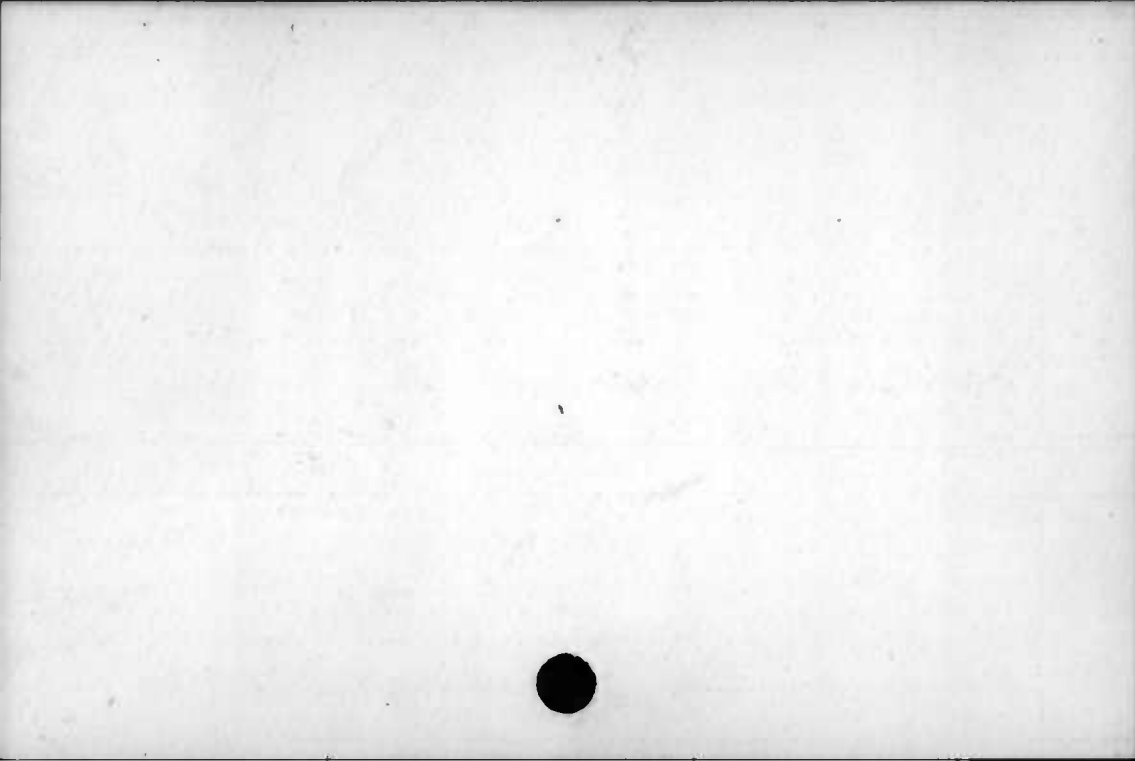
Married, Single or Widowed *Single* Name of Wife or Husband *None*  
Father's Name *John Leasure* Father's Birthplace *Pa*  
Mother's Maiden Name *Sarah Jackson* Mother's Birthplace *Pa*  
Name of person giving information *John Leasure* How related to deceased *Father*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *3 weeks 2 days*  
Immediate *Exhaustion* How long *1 day*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. B. Hodges*  
*Stou.* Address *Cumberland*  
Accident or Suicide? *No*



Name  
in  
Full

Charles Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

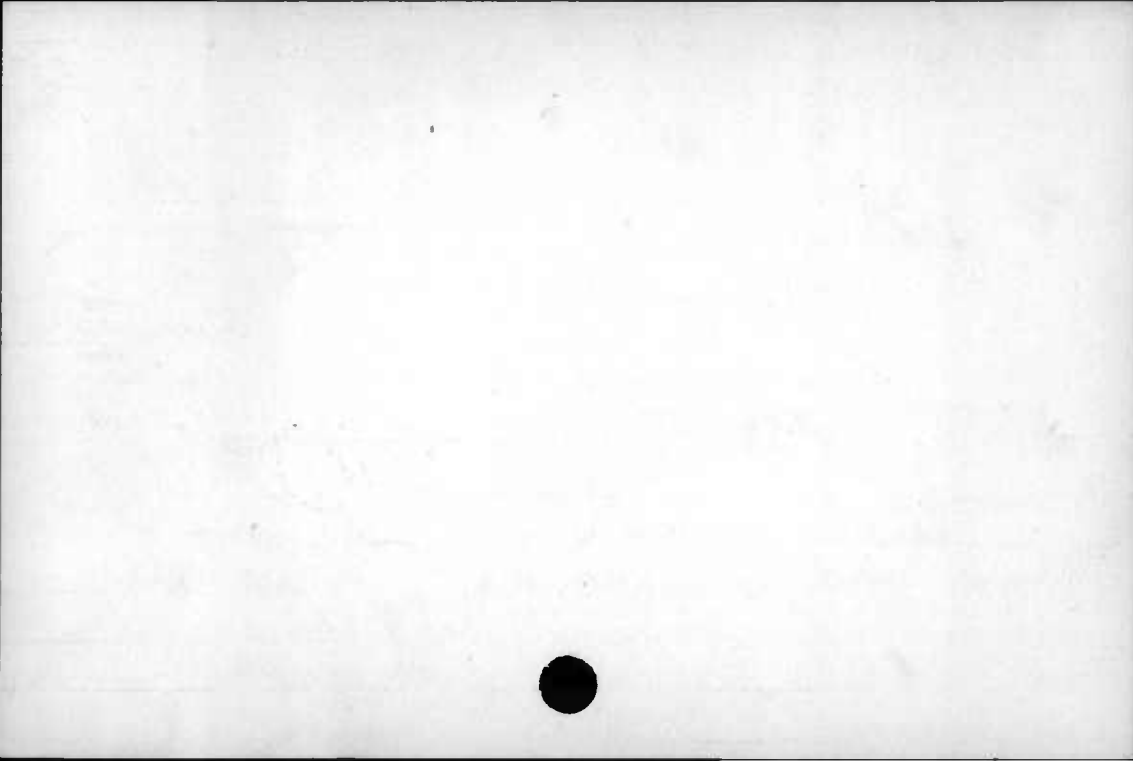
|   |  |                           |              |   |          |            |             |
|---|--|---------------------------|--------------|---|----------|------------|-------------|
| Died at   |  | Town<br>Moscow Mills      |              | County<br>Allegheny                             |          | MARYLAND   |             |
| Date<br>of death  |  | 1908                      | Month<br>May | Day<br>3  | Age<br>3 | Years<br>3 | Months<br>— |
| Sex<br>Male   |  | Color or<br>Race<br>White |              | Birth-<br>place<br>Moscow Mills,                |          |            |             |
| Occupation<br>wine  |  |                           |              | Where Residing if not<br>at place of death<br>— |          |            |             |
| Married, Single<br>or Widowed<br><input checked="" type="checkbox"/> Single |  |                           |              | Name of Wife or<br>Husband<br>—                 |          |            |             |
| Father's<br>Name<br>William Lee   |  |                           |              | Father's<br>Birthplace<br>Barton                |          |            |             |
| Mother's<br>Maiden Name<br>Minnie Shickel                                   |  |                           |              | Mother's<br>Birthplace<br>Barton                |          |            |             |
| Name of person giving<br>information<br>Mrs. Wm. Lee                        |  |                           |              | How related<br>to deceased<br>Mother            |          |            |             |

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

|   |                 |                           |            |
|---|-----------------|---------------------------|------------|
| Primary   | Acute Hepatitis | How long                  | Five days  |
| Immediate   | Pneumonia       | How long                  | Three days |
| Are the name, age, sex, color, date<br>and place correctly given above? |                 | Signature of<br>Physician |            |
| Yes   |                 | W. B. Skilling M.D.       |            |
|   |                 | Address<br>Ligonier       |            |
| Accident or Suicide?  |                 |                           |            |
| No  |                 |                           |            |



Name  
in  
Full

Catherine Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                    |  |                 |                |
|---|--|------------------------------------|--|-----------------|----------------|
| Died at <u>Freemont</u> <sup>Town</sup>   |  | <u>Allegheny</u> <sup>County</sup> |  | MARYLAND        |                |
| Date of death <u>1904</u>                 | Month <u>5</u>   | Day <u>9</u>                       | Age <u>41</u> <sup>Years</sup>                       | Months <u>4</u> | Days <u>27</u> |
| Sex <u>Female</u>                         | Color or Race <u>white</u>                             |                                    | Birth-place <u>Germany</u>                           |                 |                |
| Occupation <u>House wife</u>              |  |                                    | Where Residing if not at place of death <u>_____</u> |                 |                |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Herman Miller</u>           |                                    |  |                 |                |
| Father's Name <u>John Schuler</u>         | Father's Birthplace <u>Germany</u>                     |                                    | Mother's Birthplace <u>Germany</u>                   |                 |                |
| Mother's Maiden Name <u>Mukoma</u>        | Name of person giving information <u>Herman Miller</u> |                                    | How related to deceased <u>Husband</u>               |                 |                |

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Carcinoma of Liver</u>   | How long <u>Six months</u>                     |
| Immediate <u>Hemorrhage</u>   | How long <u>24 hours</u>                       |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>C. L. Cunningham</u> |
|   | Address <u>Freemont Ind</u>                    |
| Accident or Suicide? <u>  </u>  |  |

Hofer-

Ally. Gen.

Town.

Name  
in  
Full

Amin Patterson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

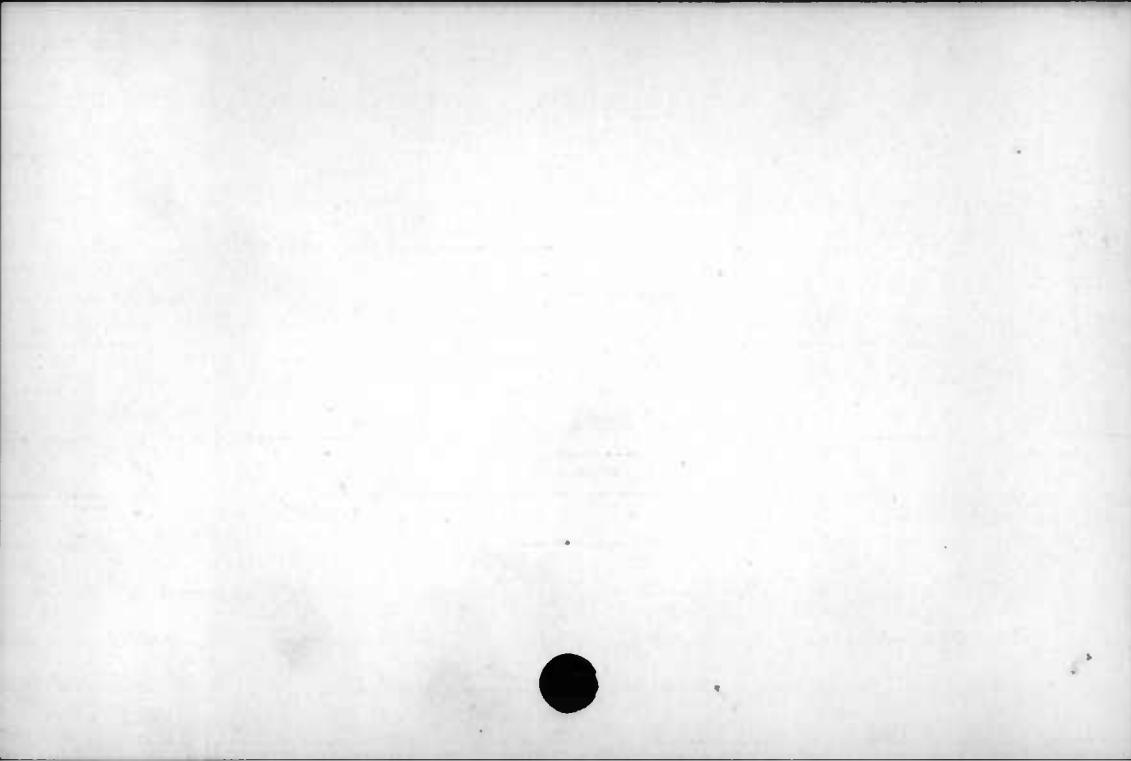
|  |   |                         |                                |                  |                    |                  |
|--|---|-------------------------|--------------------------------|------------------|--------------------|------------------|
| Died at <u>Barlow</u> Town                                   |   | <u>Allegheny</u> County |                                | MARYLAND         |                    |                  |
| Date of death  | <u>1908</u>   | Month<br><u>May</u>     | Day<br><u>10</u>               | Age<br><u>39</u> | Months<br><u>2</u> | Days<br><u>5</u> |
| Sex<br><u>Female</u>   | Color or Race<br><u>white</u>                           |                         | Birth-place<br><u>Scotland</u> |                  |                    |                  |
| Occupation<br><u>HW</u>                                      | Where Residing if not at place of death<br><u>✓</u>     |                         |                                |                  |                    |                  |
| Married, Single or Widowed<br><u>Married</u>                 | Name of <del>Wife</del> Husband<br><u>Thomas Wilson</u> |                         |                                |                  |                    |                  |
| Father's Name<br><u>James Patterson</u>                      | Father's Birthplace<br><u>Ireland</u>                   |                         |                                |                  |                    |                  |
| Mother's Maiden Name<br><u>Isabel Patterson</u>              | Mother's Birthplace<br><u>Ireland</u>                   |                         |                                |                  |                    |                  |
| Name of person giving information<br><u>Mrs Gordon Durst</u> | How related to deceased<br><u>Sister</u>                |                         |                                |                  |                    |                  |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary<br><u>Pneumonia</u>  | How long<br><u>Ten days</u>                    |
| Immediate  | How long                                       |
| Are the name, age, sex, color, date and place correctly given above?<br><u>Yes</u> | Signature of Physician<br><u>L. A. Boucher</u> |
|  | Address<br><u>Barlow, Md</u>                   |
| Accident or Suicide?   |  |





Name  
in  
Full

Norah Leona Phillips

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Loosdown <sup>Town</sup> md <sup>County</sup> Allegany

MARYLAND

Date of death 1908 <sup>Month</sup> May <sup>Day</sup> 1st Age 1 <sup>Years</sup> 3 <sup>Months</sup> 1 <sup>Days</sup>Sex Female Color or Race white Birth-place LoosdownOccupation --- Where Residing if not at place of death ---Married, Single --- or WidowedName of Wife or Husband ---Father's Name Edward PhillipsFather's Birthplace WestportMother's Maiden Name Norah RoseMother's Birthplace Int. SavageName of person giving information MotherHow related to deceased ---

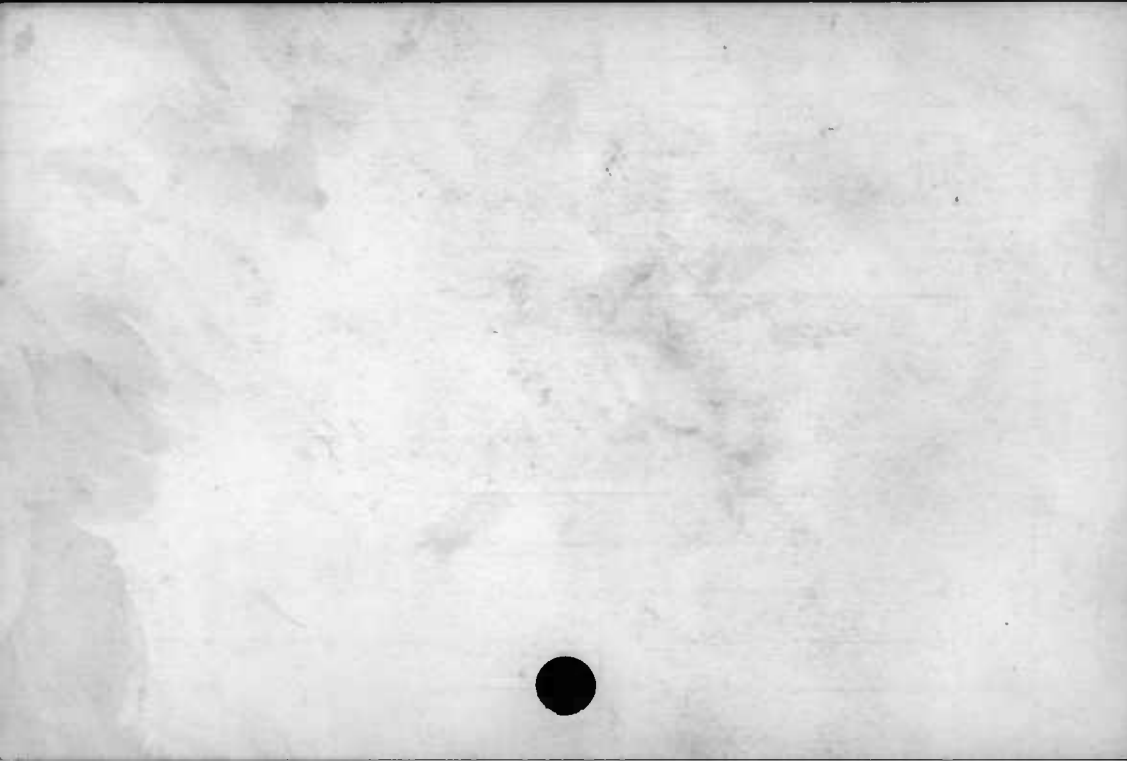
## CAUSES OF DEATH

8

Primary PertussisHow long 3 wksImmediate Broncho Pneumonia and convulsions 4 days

How long

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician Jas C HoldsworthAddress East Port MinesAccident or Suicide? ---



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *James L Pugh Jr* Town *Cumtland* County *Alleg*

Died at *Cumtland*

Date of death *1908* Month *may* Day *2* Age *—* Years *—* Months *6* Days *—*

Sex *male* Color or Race *White* Birth-place *Hayes*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James L Pugh Sr.* Father's Birthplace *W. Va.*

Mother's Maiden Name *Roselea Kelley* Mother's Birthplace *md*

Name of person giving information *James L Pugh* How related to deceased *Father*

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* How long *3 wks*

Immediate *Convulsions* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. C. Clayton*

Address *Cumtland Md*

*Intention*

Accident or Suicide? *Intention*

10/2/21

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*Harry Jacob Sangston*  
Town *Cumtland* County

CERTIFICATE OF DEATH

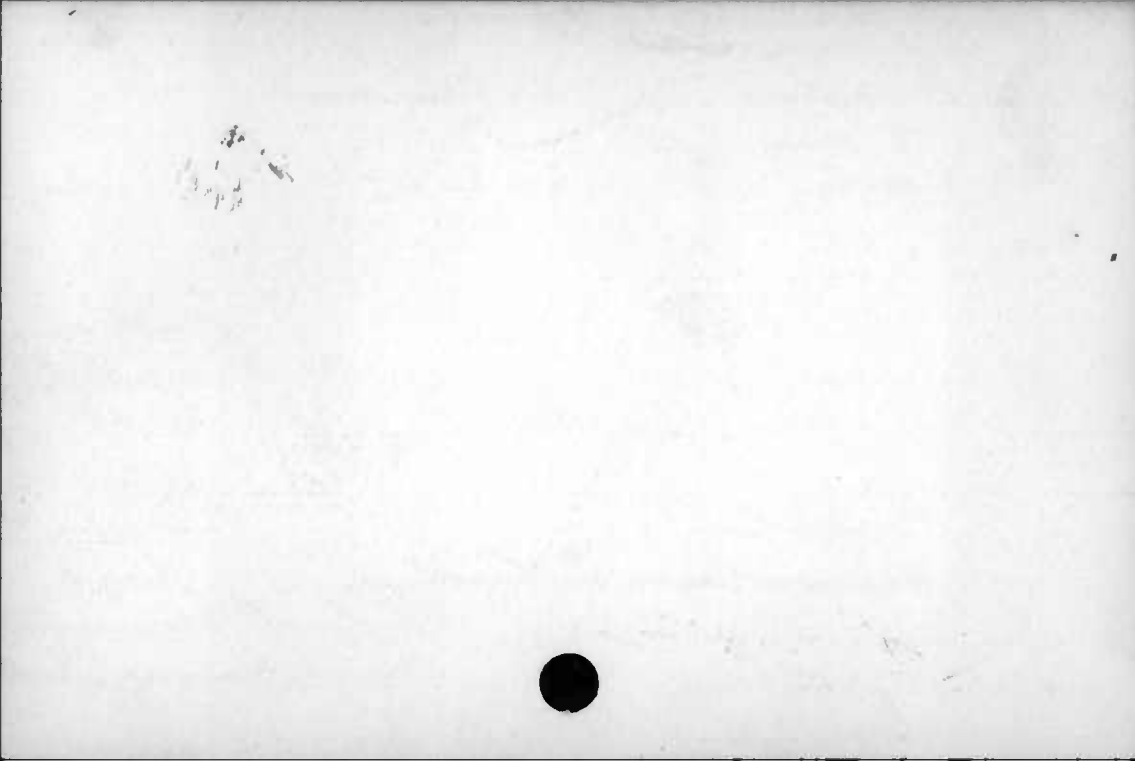
MARYLAND

|                                   |  |                         |  |   |  |           |  |           |  |
|-----------------------------------|--|-------------------------|--|---|--|-----------|--|-----------|--|
| Died at                           |  | Date of death           |  | Age                                     |  | Months    |  | Days      |  |
| <i>Cumtland</i>                   |  | <i>1908 May 29</i>      |  | <i>29</i>                               |  | <i>10</i> |  | <i>25</i> |  |
| Sex                               |  | Color or Race           |  | Birth-place                             |  |           |  |           |  |
| <i>Male</i>                       |  | <i>White</i>            |  | <i>Md</i>                               |  |           |  |           |  |
| Occupation                        |  |                         |  | Where Residing if not at place of death |  |           |  |           |  |
| <i>Iron Worker</i>                |  |                         |  | <i>—</i>                                |  |           |  |           |  |
| Married, Single or Widowed        |  | Name of Wife or Husband |  |   |  |           |  |           |  |
| <i>Married</i>                    |  | <i>Mary H. Snyder</i>   |  |   |  |           |  |           |  |
| Father's Name                     |  |                         |  | Father's Birthplace                     |  |           |  |           |  |
| <i>John A. Sangston</i>           |  |                         |  | <i>W.Va</i>                             |  |           |  |           |  |
| Mother's Maiden Name              |  |                         |  | Mother's Birthplace                     |  |           |  |           |  |
| <i>Mary Valentine</i>             |  |                         |  | <i>Md</i>                               |  |           |  |           |  |
| Name of person giving information |  |                         |  | How related to deceased                 |  |           |  |           |  |
| <i>Mary F. Sangster</i>           |  |                         |  | <i>Wife</i>                             |  |           |  |           |  |

CAUSES OF DEATH

**34**

|  |  |                             |             |
|--|--|-----------------------------|-------------|
| Primary  | <i>General Tuberculosis</i>                  | How long                    | <i>6 mo</i> |
| Immediate  | <i>Pulmonary Tuberculosis &amp; Hemoptoe</i> | How long                    | <i>1 mo</i> |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician      |             |
| <i>Yes</i>   |  | <i>Geo. L. Broadup M.D.</i> |             |
| Address  |  | Address                     |             |
| <i>S</i>   |  | <i>Cumtland Md</i>          |             |
| Accident or Suicide?   |  | Address                     |             |
| <i>No</i>  |  | <i>28 Vaan Md</i>           |             |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

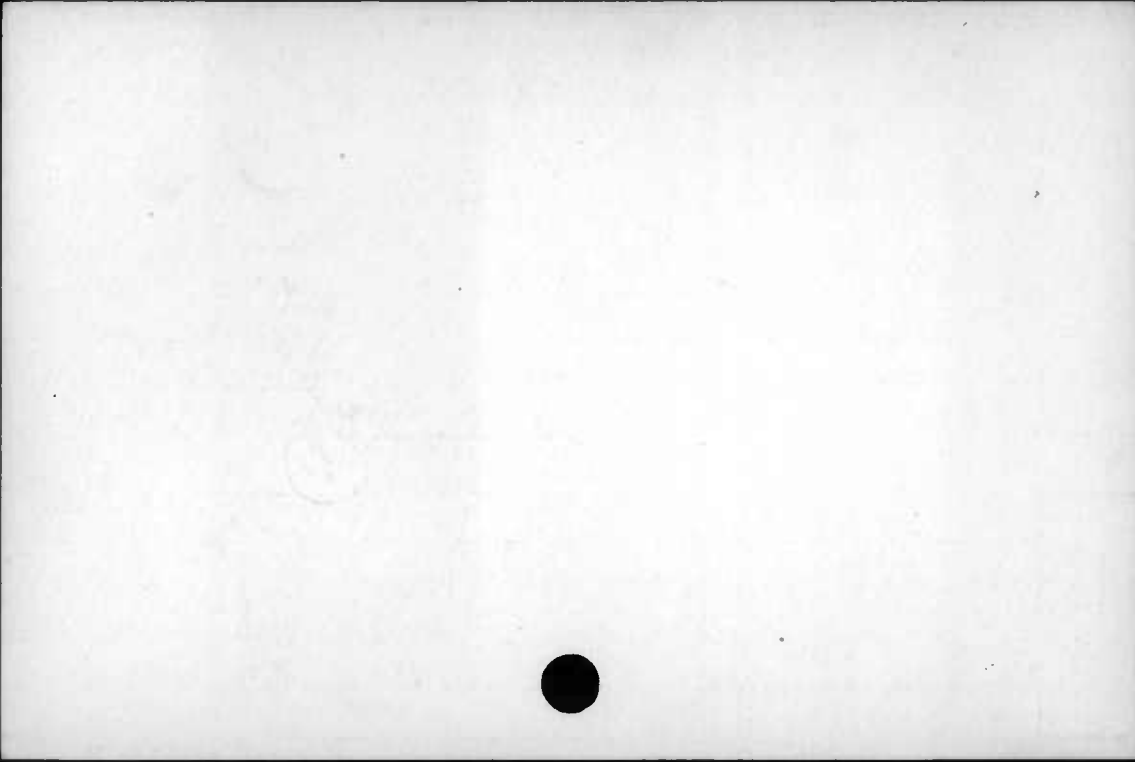
|  |                                  |                      |                                    |  |                   |                    |      |
|--|----------------------------------|----------------------|------------------------------------|--|-------------------|--------------------|------|
| Died at  |                                  | Town<br><i>Brant</i> |                                    | County<br><i>Allegheny</i>                             |                   | MARYLAND           |      |
| Date<br>of death   | 1908                             | Month<br><i>May</i>  | Day<br><i>13</i>                   | Age<br><i>4</i>  | Years<br><i>4</i> | Months<br><i>2</i> | Days |
| Sex<br><i>Male</i>   | Color or<br>Race<br><i>White</i> |                      | Birth-<br>place<br><i>Kentucky</i> |  |                   |                    |      |
| Occupation<br><i>—</i>                                       |                                  |                      |                                    | Where Residing if not<br>at place of death<br><i>—</i> |                   |                    |      |
| Married, Single<br>or Widowed<br><i>—</i>                    |                                  |                      |                                    | Name of Wife or<br>Husband<br><i>—</i>                 |                   |                    |      |
| Father's<br>Name<br><i>Charles Scott</i>                     |                                  |                      |                                    | Father's<br>Birthplace<br><i>Kentucky</i>              |                   |                    |      |
| Mother's<br>Maiden Name<br><i>Matilda Perry</i>              |                                  |                      |                                    | Mother's<br>Birthplace<br><i>Kentucky</i>              |                   |                    |      |
| Name of person giving<br>Information<br><i>Matilda Scott</i> |                                  |                      |                                    | How related<br>to deceased<br><i>Mother</i>            |                   |                    |      |

## CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary<br><i>Quarrel</i>   | How long<br><i>1 week</i>                            |
| Immediate<br><i>Haemorrhagic Intoxication</i>                                       | How long<br><i>4 days</i>                            |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>y</i> | Signature of<br>Physician<br><i>F. Albert Murray</i> |
|   | Address<br><i>Met Savage Rd</i>                      |
| Accident or Suicide?  |  |





Name  
in  
Full

Marguerite E. Simpson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumtunda* Town *Allegheny* County **MARYLAND**

Date of death *1908* Month *May* Day *1* Age *30* Years Months *9* Days *23*

Sex *Female* Color or Race *White* Birth-place *Cumtunda*

Occupation *Wife* Where Residing if not at place of death *-*

Married, Single or Widowed *married* Name of ~~Wife~~ Husband *E. F. Simpson*

Father's Name *Augustus Tabler* Father's Birthplace *W. Va.*

Mother's Maiden Name *Seville Clover* Mother's Birthplace *Pa.*

Name of person giving information *E. F. Simpson* How related to deceased *Husband*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *one minute*

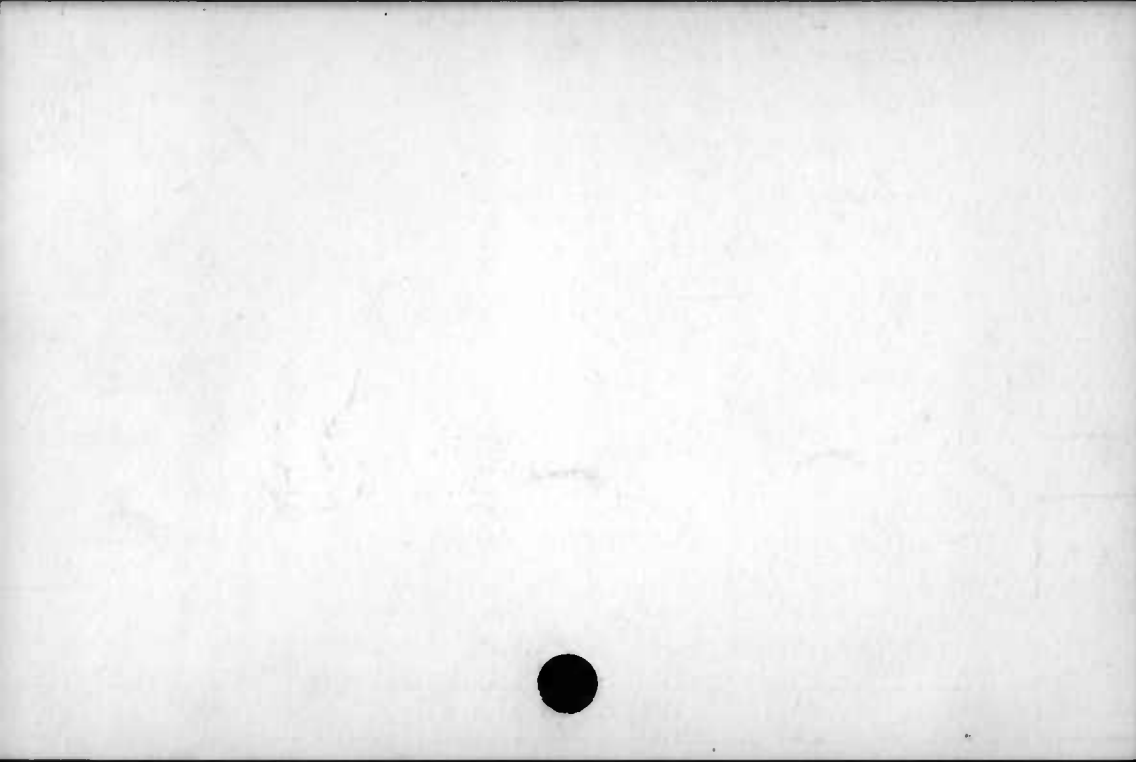
Immediate *Paralysis* How long *about 10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]*

Address *[Signature]*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Jas. W. Starr*

Town *Cumberland* County *Alleg.*

Died at

Date of death *1908* Month *May* Day *20* Age Years *1* Months *3* Days

Sex *Male* Color or Race *White* Birth-place *Cumld*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Robert Starr* Father's Birthplace *Cumld.*

Mother's Maiden Name *Beridnie Martz* Mother's Birthplace *"*

Name of person giving information *Robert Starr* How related to deceased *Father*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

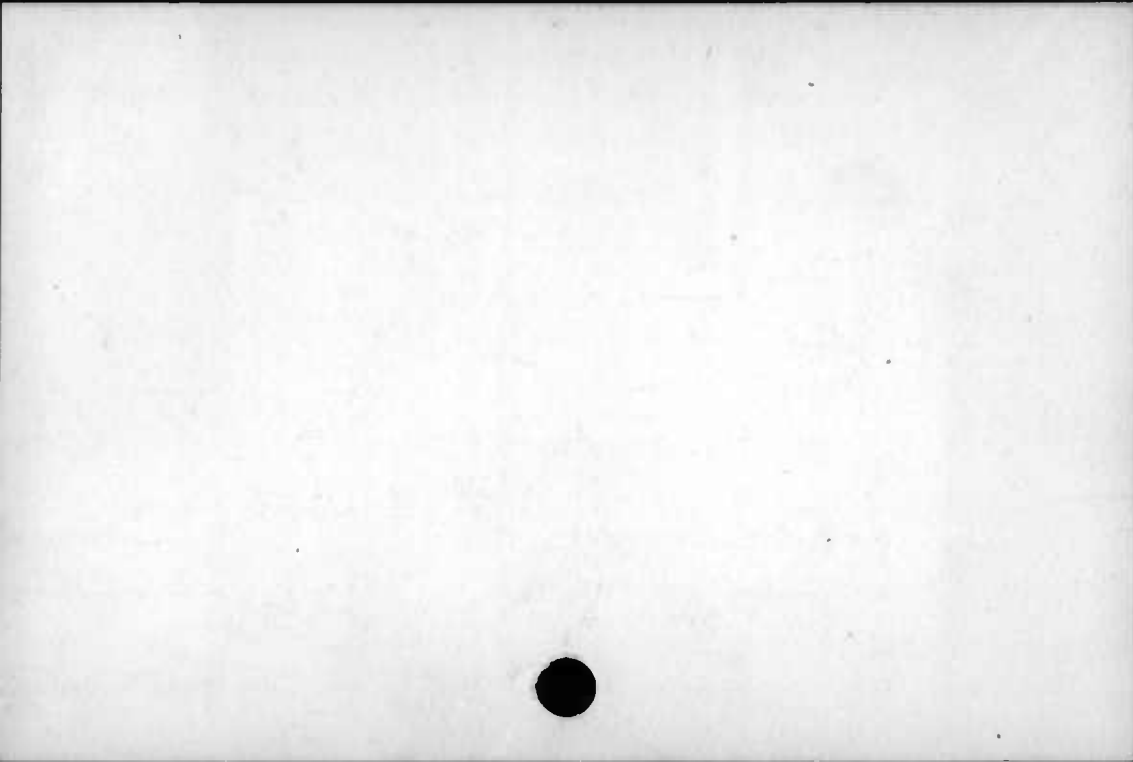
Primary *Pneumonia* How long *10 days*

Immediate *Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*

*Stene.* Address *Cumberland, Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

Catherine Thomas  
Frostburg

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

William George Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

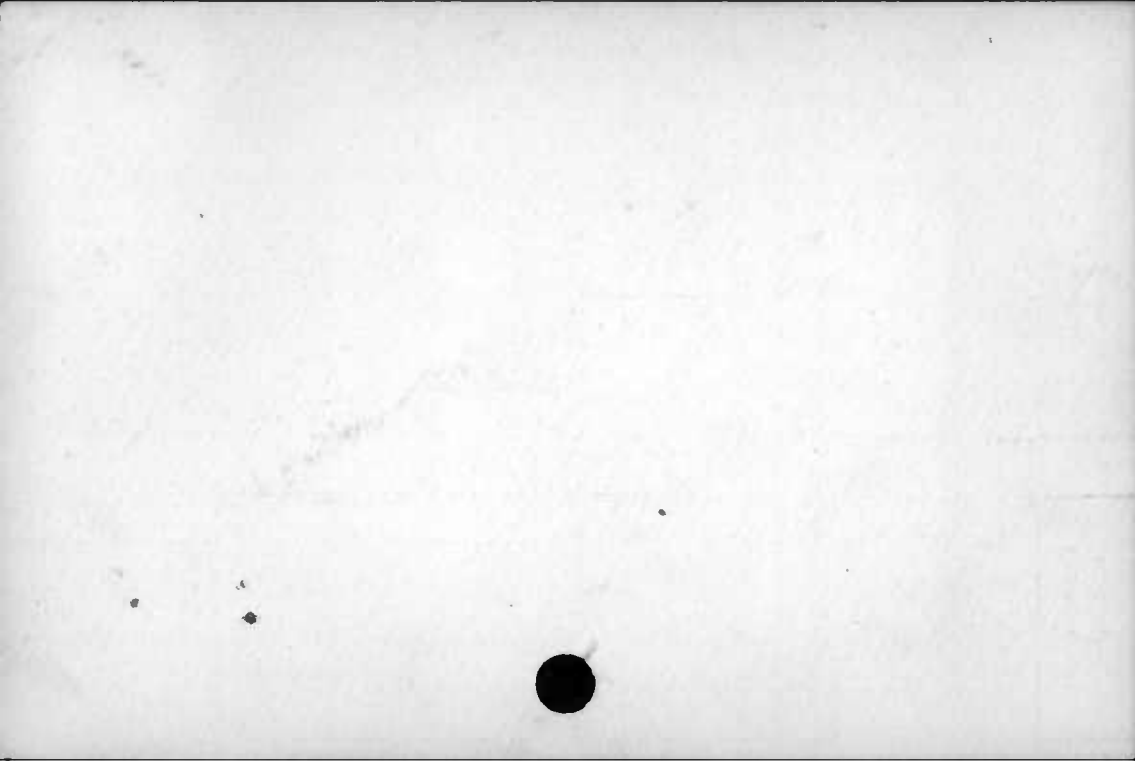
|   |   |                     |                                 |        |        |          |  |
|---|---|---------------------|---------------------------------|--------|--------|----------|--|
| Died at <i>Cumberland</i>                               |   | Town <i>allcgay</i> |                                 | County |        | MARYLAND |  |
| Date of death <i>1908</i>                               | Month <i>May</i>  | Day <i>7</i>        | Age <i>25</i>                   | Years  | Months | Days     |  |
| Sex <i>male</i>   | Color or Race <i>White</i>                                    |                     | Birth-place <i>Scottdale Pa</i> |        |        |          |  |
| Occupation <i>Doctor Thomas</i>                         | Where Residing if not at place of death <i>Springville St</i> |                     |                                 |        |        |          |  |
| Married, Single or Widowed <i>married</i>               | Name of Wife or Husband <i>Lissa V Brill</i>                  |                     |                                 |        |        |          |  |
| Father's Name <i>Do not know</i>                        | Father's Birthplace <i>Do not know</i>                        |                     |                                 |        |        |          |  |
| Mother's Maiden Name <i>Do not know</i>                 | Mother's Birthplace <i>Do not know</i>                        |                     |                                 |        |        |          |  |
| Name of person giving information <i>Lissa V Thomas</i> | How related to deceased <i>Wife</i>                           |                     |                                 |        |        |          |  |

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |                          |                        |                       |
|--|--------------------------|------------------------|-----------------------|
| Primary  | <i>Tuberculosis Lung</i> | How long               | <i>4 Months</i>       |
| Immediate  | <i>Exhaustion</i>        | How long               | <i>1 Month</i>        |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes.</i>              | Signature of Physician | <i>F. L. Bartdole</i> |
| <i>Stem</i>  | Address                  | <i>Cumberland Md.</i>  |                       |
| Accident or Suicide?   |                          |                        |                       |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Green* Tcwn *Alle* CountyDate of death *1908* Month *May* Day *6* Age *9* Years Months DaysSex *Male* Color or Race *White* Birth-place *Md*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John H Frost* Father's Birthplace *Md*Mother's Maiden Name *Gertrude Wilson* Mother's Birthplace *Md*Name of person giving information *John H Frost* How related to deceased *Father*

## CAUSES OF DEATH

105

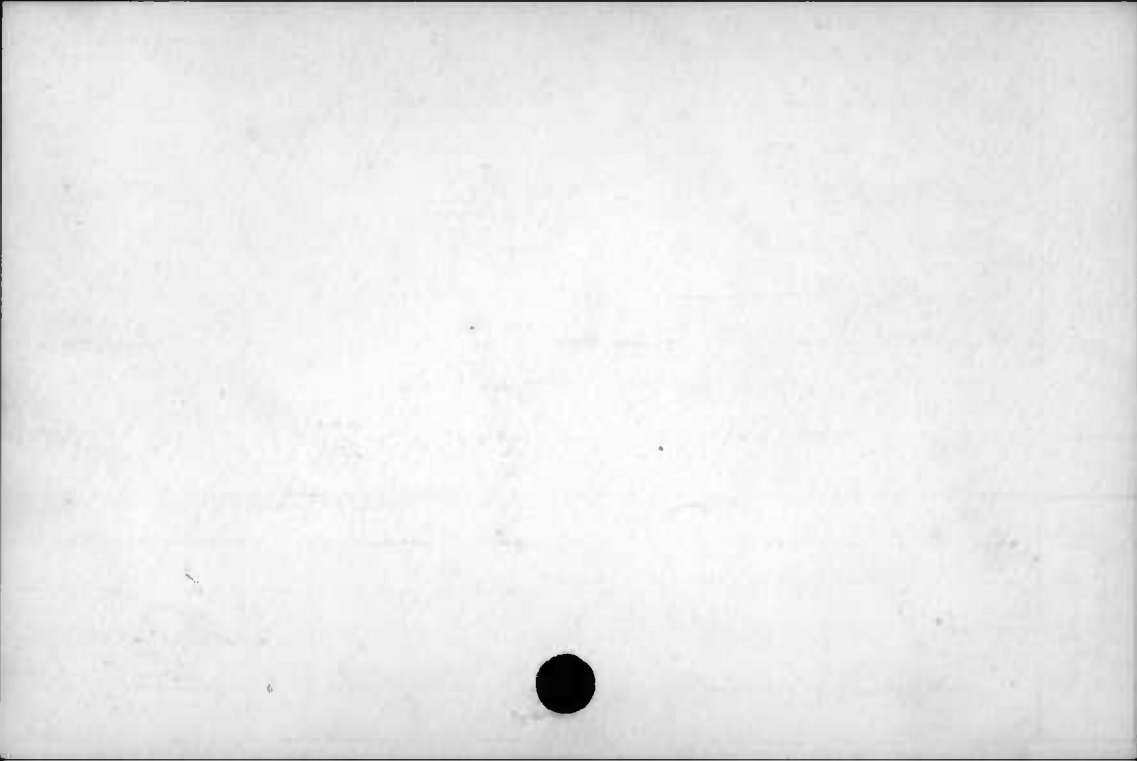
PHYSICIAN  
OR CORONERPrimary *Enteric Polio* How long *2 Weeks*Immediate *Pneumonia* How long *15 Days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



| Name<br>in Full  |  | Melford H. Wagner |   |  |  | CERTIFICATE OF DEATH |                       |  |
|--|--|-------------------|---|--|--|----------------------|-----------------------|--|
| TO BE ANSWERED BY<br>NEAREST FRIEND  | Died at  |                   | Town<br>Cumberland                      |  | County<br>Alleghany                            |                      | MARYLAND              |  |
|  | Date of death  |                   | Month<br>May                            |  | Day<br>10                                      |                      | Age<br>1              |  |
|  | Sex<br>Male  |                   | Color or Race<br>White                  |  | Birth-place<br>Cumberland Md.                  |                      | Months<br>10          |  |
|  | Occupation<br>Infant.  |                   | Where Residing if not at place of death |  |  |                      |                       |  |
|  | Married, Single or Widowed<br>Single                                 |                   | Name of Wife or Husband                 |  |  |                      |                       |  |
|  | Father's Name<br>Dennis F. Wagner                                    |                   | Father's Birthplace<br>W. Va.           |  |  |                      |                       |  |
|  | Mother's Maiden Name<br>Maggie Murray                                |                   | Mother's Birthplace<br>W. Va.           |  |  |                      |                       |  |
|  | Name of person giving information<br>Dennis F. Wagner                |                   | How related to deceased<br>Father.      |  |  |                      |                       |  |
| <div style="text-align: center;"> <div>CAUSES OF DEATH</div> <div>9</div> </div> |  |                   |   |  |  |                      |                       |  |
| PHYSICIAN<br>OR CORONER  | Primary  |                   | Laryngeal Diphtheria                    |  |  |                      | How long<br>48 hours. |  |
|  | Immediate  |                   | Strangulation                           |  |  |                      | How long<br>2 hours.  |  |
|  | Are the name, age, sex, color, date and place correctly given above? |                   | Yes                                     |  | Signature of Physician<br>William R. Ford M.D. |                      |                       |  |
|  | Address<br>116 Virginia Ave<br>Cumberland                            |                   |   |  |  |                      |                       |  |
| Accident or Suicide?   |  |                   |   |  |  |                      |                       |  |

# 19 Penn Ave.

Name  
in  
Full

James William Weisberg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |       |                    |                         |   |      |             |                         |        |
|-----------------------------------|-------|--------------------|-------------------------|---|------|-------------|-------------------------|--------|
| Died at                           |       | Town<br>Cumberland |                         | County<br>Allegany                      |      | MARYLAND    |                         |        |
| Date                              | Month | Day                | Years                   | Months                                  | Days |             |                         |        |
| of death                          | 1908  | May                | 13                      | Age                                     | 2    | 11          | 20                      |        |
| Sex                               | Male  |                    | Color or Race           | White                                   |      | Birth-place | Cumberland Md           |        |
| Occupation                        |       |                    |                         | Where Residing if not at place of death |      |             |                         |        |
| Married, Single or Widowed        |       |                    | Name of Wife or Husband |   |      |             |                         |        |
| Father's Name                     |       |                    | James Weisberg          |   |      |             | Father's Birthplace     | W. Va. |
| Mother's Maiden Name              |       |                    | Clara True              |   |      |             | Mother's Birthplace     | Pa.    |
| Name of person giving information |       |                    | Mrs. Weisberg           |   |      |             | How related to deceased | Mother |

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

|  |                     |                        |         |
|--|---------------------|------------------------|---------|
| Primary  | Broncho pneumonia   | How long               | 10 days |
| Immediate  | Cerebral meningitis | How long               | 4 days  |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician |         |
| yes  |                     | E. L. Owens, M.D.      |         |
| Address  |                     | Cumberland Md          |         |
| Accident or Suicide?   |                     |                        |         |

Buck Valley. Pa

Name

in  
Full

## CERTIFICATE OF DEATH

Madeline Frances Williams

Town

County

MARYLAND

Died at

Frostburg

Allegany

Date

of death 190

Month

Day

Age

Years

Months

Days

8 May

13

13

1

2

Sex

Female

Color or  
Race

Colored

Birth-  
place

Frostburg

Occupation

School girl

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Andrew Williams

Father's  
Birthplace

Frostburg

Mother's  
Maiden Name

Ida Bell Carter

Mother's  
Birthplace

Frostburg

Name of person giving  
Information

Andrew Williams

How related  
to deceased

Father

## CAUSES OF DEATH

120

Primary

Brights disease

How long

15-Mos

Immediate

Artemic intoxication

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

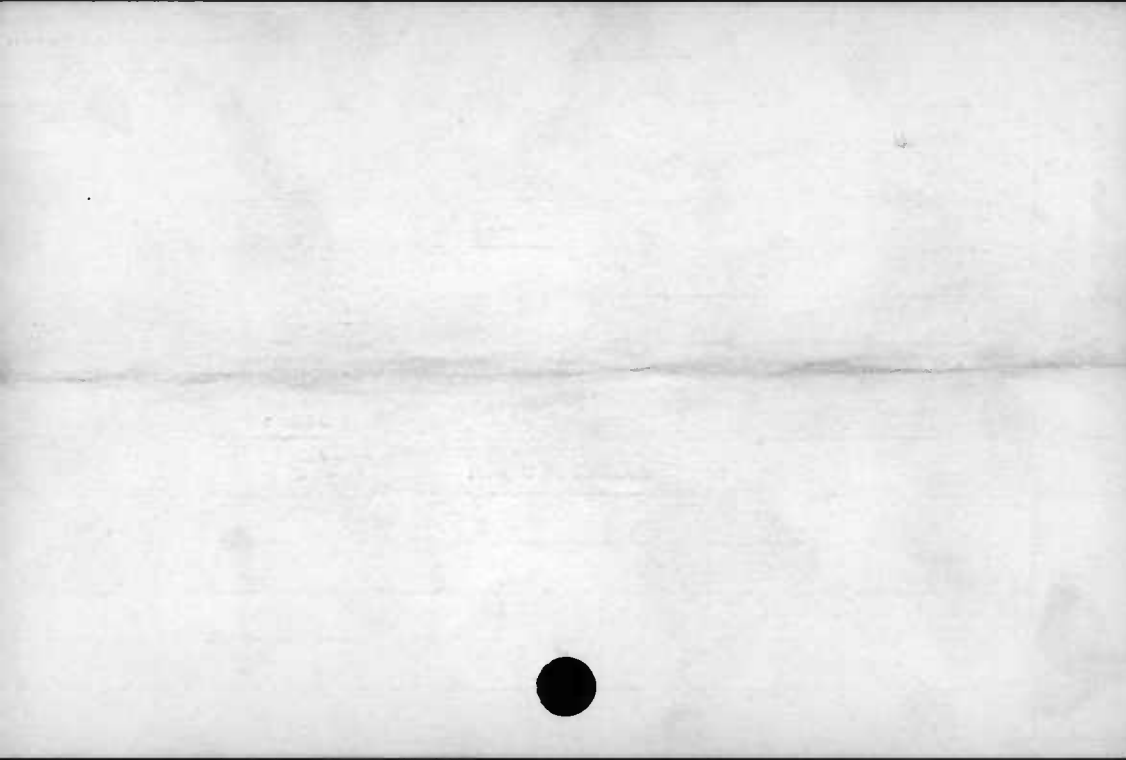
Address

J. C. C. C.  
Frostburg

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Mary Jennette Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                |        |
|--|---|--------------------------------|--------|
| Died at <i>Sumnerland</i> <i>Accquing</i> County       |   | MARYLAND                       |        |
| Date of death 1908                                     | Month 5                                       | Day 19                         | Age 55 |
| Sex Female   | Color or Race White                           | Birth place <i>Sumnerland.</i> |        |
| Occupation <i>House Wife</i>                           | Where Residing if not at place of death " " " |                                |        |
| Married, Single or Widowed <i>Married</i>              | Name of Wife or Husband <i>Harvey Wilson</i>  |                                |        |
| Father's Name <i>Joseph Frantz</i>                     | Father's Birthplace <i>Germany</i>            |                                |        |
| Mother's Maiden Name <i>Rosanna Smith</i>              | Mother's Birthplace <i>Prattville, Ala.</i>   |                                |        |
| Name of person giving information <i>Harvey Wilson</i> | How related to deceased <i>husband</i>        |                                |        |

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Organic Heart Disease</i>                                 | How long <i>1 year</i>                     |
| Immediate <i>Angina Pectoris</i>                                     | How long <i>2 days</i>                     |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Thos. A. Law</i> |
|  | Address <i>Sumnerland</i>                  |
| Accident or Suicide?   | <i>no</i>                                  |

$$\begin{array}{r} 2021 \\ 14 \\ \hline 628 \end{array}$$

Koo me

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

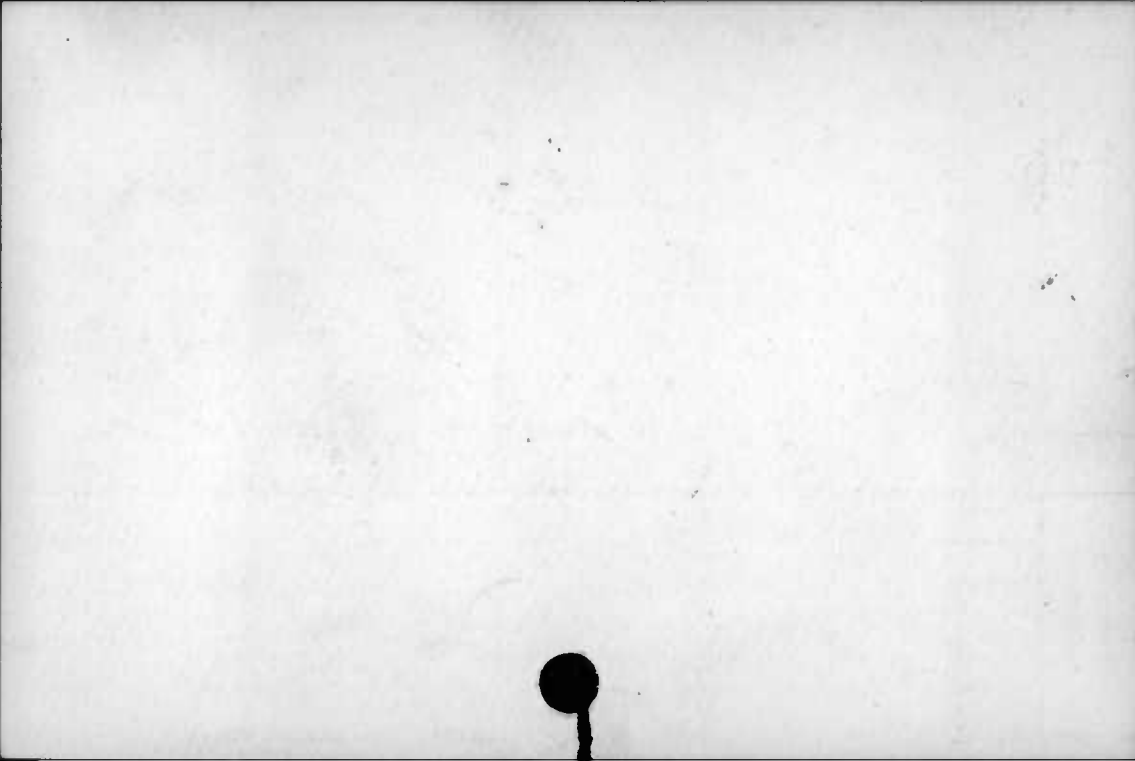
|   |  |  |  |                                     |  |                  |  |
|---|--|--|--|-------------------------------------|--|------------------|--|
| Name in Full<br><i>Daniel Winters</i>                           |  | Town<br><i>Cresaptown</i>                          |  | County<br><i>Allegheny</i>          |  | MARYLAND         |  |
| Died at<br><i>Cresaptown</i>                                    |  | Month<br><i>May</i>                                |  | Day<br><i>28</i>                    |  | Age<br><i>55</i> |  |
| Date of death<br><i>1908</i>                                    |  | Months<br><i>—</i>                                 |  | Days<br><i>—</i>                    |  |                  |  |
| Sex<br><i>Male</i>  |  | Color or Race<br><i>White</i>                      |  | Birth-place<br><i>Cresaptown Ma</i> |  |                  |  |
| Occupation<br><i>Farmer</i>                                     |  | Where Residing if not at place of death            |  |                                     |  |                  |  |
| Married, Single or Widowed<br><i>Married</i>                    |  | Name of Wife or Husband<br><i>Margaret Winters</i> |  |                                     |  |                  |  |
| Father's Name<br><i>John S. Winters</i>                         |  | Father's Birthplace<br><i>Allegh Co.</i>           |  |                                     |  |                  |  |
| Mother's Maiden Name<br><i>Harriet Sigler</i>                   |  | Mother's Birthplace<br><i>W. Va</i>                |  |                                     |  |                  |  |
| Name of person giving information<br><i>Charles Wintertburg</i> |  | How related to deceased<br><i>Brother in Law</i>   |  |                                     |  |                  |  |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary<br><i>Miliary Tuberculosis</i>   | How long<br><i>Sev. mos.</i>                         |
| Immediate<br><i>Dissection</i>   | How long<br><i>Sev. days</i>                         |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>J. W. Kover</i> (CH.B.) |
| Address<br><i>St. Louis</i>  | Address<br><i>Cresaptown Ma</i>                      |
| Accident or Suicide?<br><i>Cresaptown</i>  |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Julia Weinberg*

Died at *Frostburg* Town *Allegheny* County

Date of death *1908* Month *5* Day *31* Age *33* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Horsewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Henry Weinberg*

Father's Name *Horward Keowl* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Lapp* Mother's Birthplace *Germany*

Name of person giving information *Henry Weinberg* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Nephritis* How long *2 years*

Immediate *Coma* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Griffith*

Address *Frostburg Ind.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

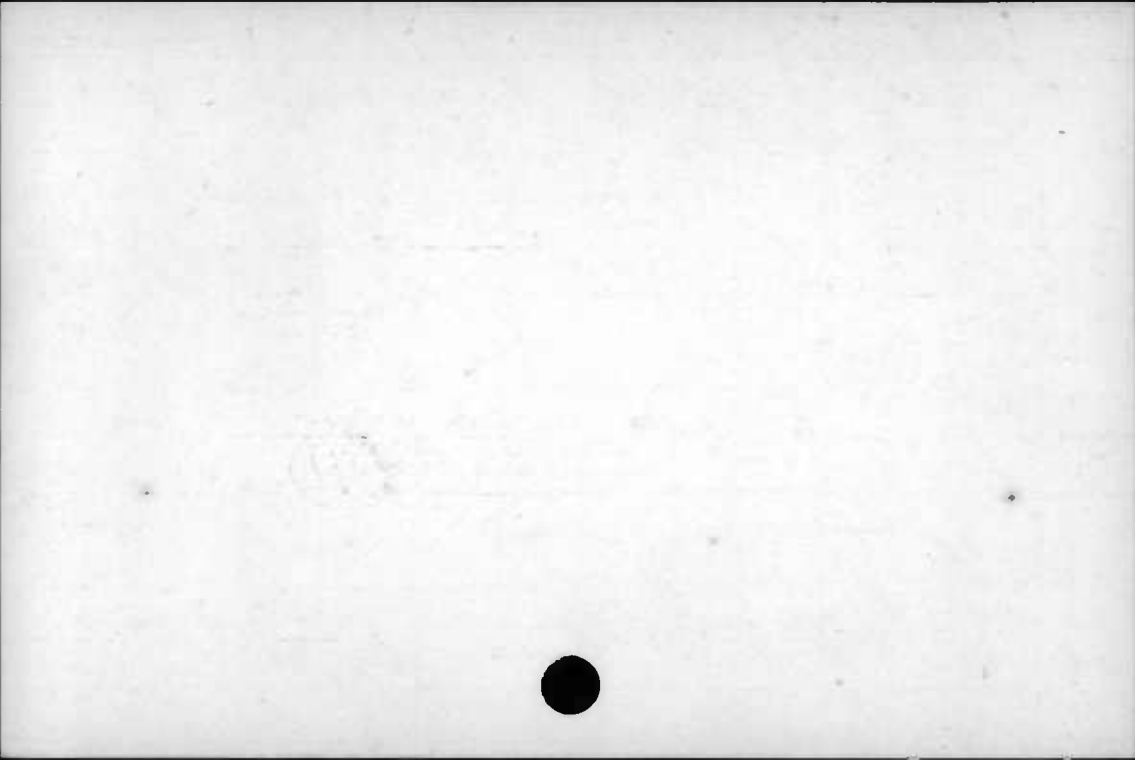
|   |  |  |   |                            |                |
|---|--|--|---|----------------------------|----------------|
| Died at <i>Hoffman</i> Town                           |  | <i>Allegheny</i> County                      |   | MARYLAND                   |                |
| Date of death <i>1908</i>                             |  | Month <i>May</i>                             | Day <i>14</i>                           | Age <i>69</i>              | Months<br>Days |
| Sex <i>male</i>                                       |  | Color or Race <i>W</i>                       |   | Birth-place <i>England</i> |                |
| Occupation <i>Miner</i>                               |  |  | Where Residing if not at place of death |                            |                |
| Married, Single or Widowed <i>married</i>             |  | Name of Wife or Husband <i>Joseph Wright</i> |   |                            |                |
| Father's Name <i>Wright</i>                           |  | Father's Birthplace <i>England</i>           |   |                            |                |
| Mother's Maiden Name <i>Wright</i>                    |  | Mother's Birthplace <i>4</i>                 |   |                            |                |
| Name of person giving information <i>Henry Wright</i> |  | How related to deceased <i>son</i>           |   |                            |                |

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Miners Asthma</i>   | How long <i>years</i>                      |
| Immediate <i>- Exhaustion</i>  | How long <i>3 weeks</i>                    |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. M. Miller</i> |
|  | Address <i>Frostburg, Md</i>               |
| Accident or Suicide?   |  |





Name  
in  
Full

CERTIFICATE OF DEATH

William Y Yergan

Town

County

Died at

Plsant Valley

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

May

29

Age

87

Sex

Male

Color or  
Race

White

Birth-  
place

Switzerland

Occupation

Fanner

Where Residing if not  
at place of death

Plsant Valley

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
In formation

Friedrich Yergan

How related  
to deceased

Son

CAUSES OF DEATH

66

Primary

Larynx

How long

Two Months

Immediate

Exhaustion

How long

Two Weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Cumtland  
Maryland

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Henry Guber

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Eckhart* <sup>Town</sup> *Allegheny* <sup>County</sup>  
 Date of death *1908* <sup>Month</sup> *May* <sup>Day</sup> *11* <sup>Age</sup> *58* <sup>Years</sup> *9* <sup>Months</sup> *9* <sup>Days</sup>  
 Sex *Male* Color or Race *White* Birth-place *Switzerland*  
 Occupation *Miner* Where Residing if not at place of death  
 Married, Single or Widowed *Single* Name of Wife or Husband *Agea Guber*  
 Father's Name *John Henry* Father's Birthplace *Switzerland*  
 Mother's Maiden Name *Dora Elizabeth Welthi* Mother's Birthplace *"*  
 Name of person giving information *Geo. Baulliger* How related to deceased *none*

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary *Grippe* How long *2 weeks*  
 Immediate *Pneumonia* How long *2 weeks*

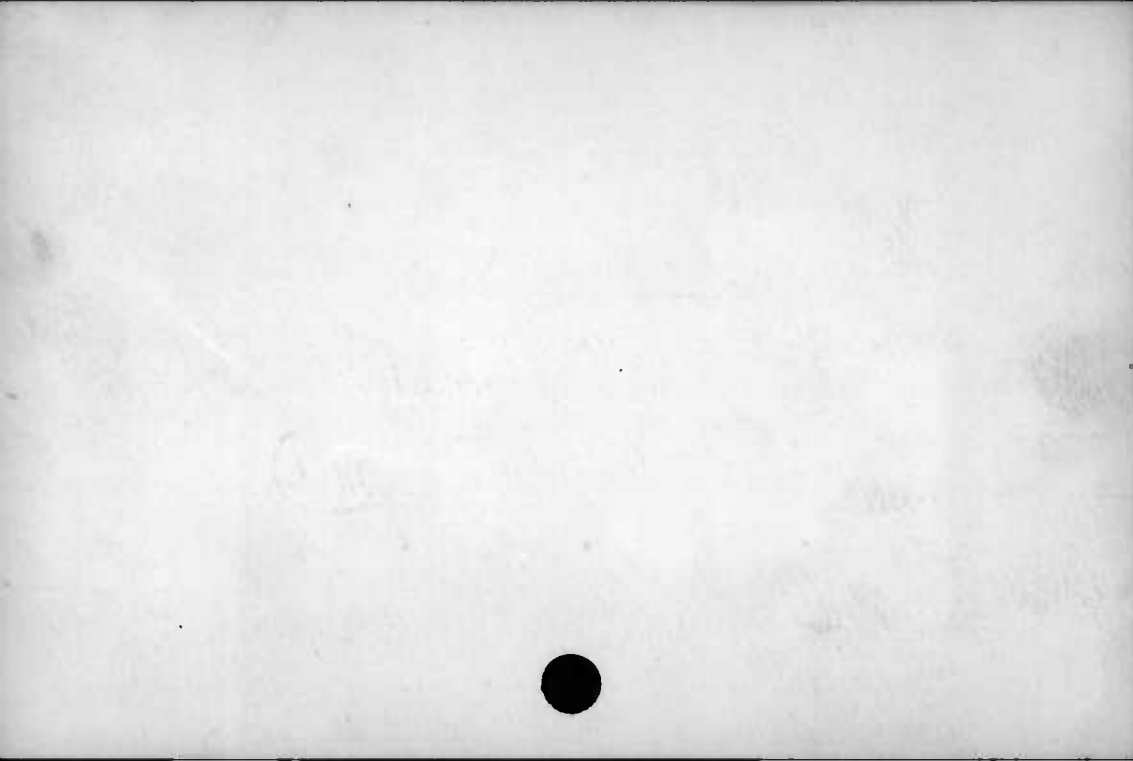
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Griffith*  
*Haverting Md*

Accident or Suicide?



Name

in  
FullInfant found in cross <sup>unknown</sup> CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                              |                                   |   |              |                |
|--------------------------------------|------------------------------|-----------------------------------|---|--------------|----------------|
| Died at <u>Ocean</u> <sup>Town</sup> |                              | <u>Allegany</u> <sup>County</sup> |   | MARYLAND     |                |
| Date of death                        | <u>1908</u> <sup>Month</sup> | <u>May</u> <sup>Day</sup>         | <u>22</u> <sup>Age</sup>                | <u>Years</u> | <u>Months</u>  |
| Sex                                  | <u>Female</u>                | Color or Race                     | <u>White</u>                            | Birth place  | <u>Unknown</u> |
| Occupation                           |                              |                                   | Where Residing if not at place of death |              |                |
| Married, Single or Widowed           |                              |                                   | Name of Wife or Husband                 |              |                |
| Father's Name                        |                              |                                   | Father's Birthplace                     |              |                |
| Mother's Maiden Name                 |                              |                                   | Mother's Birthplace                     |              |                |
| Name of person giving information    |                              |                                   | How related to deceased                 |              |                |

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

|  |                        |
|--|------------------------|
| Primary  | How long               |
| Immediate  | How long               |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
|  | Address                |
| Accident or Suicide?   |                        |

